

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000087234

Entity Name: EAST RIVER MILLWORKS, INC.

**FILED**  
**Nov 05, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5317 FAIRMONT ST.  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

5822 DAVON ST.  
JACKSONVILLE, FL 32244

**New Mailing Address:**

3304 BEACH BLVD  
JACKSONVILLE, FL 32207

FEI Number: 75-3218086

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRYAN, MARK  
225 WATER ST.  
STE. 2100  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARK BRYAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COTTRILL, SUSAN S  
Address: 5822 DAVON ST.  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN COTTRILL

PRES

11/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date