

2008 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

08 MAR -4 PM 2:38

DOCUMENT # P06000101370

1. Entity Name
7 MILE MANAGEMENT CORP.



Principal Place of Business
5207 DOGWOOD DELL
MARATHON, FL 33050

Mailing Address
5207 DOGWOOD DELL
MARATHON, FL 33050

2605

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122008 REIN-P CR2E098 (1/07)

07-08

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0600887

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUDACILLE, ANNA
5207 DOGWOOD DELL
MARATHON, FL 33050

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
RUDACILLE, ANNA C
5207 DOGWOOD DELL
MARATHON, FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
000119360020
03/04/08--01016--025 ***300.00 ☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anna C Rudacille

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-08

Date

305-289-7776

Daytime Phone #

CK# 153