

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000065090

1. Entity Name
THE MAYPORTER, INC.



Principal Place of Business
4510 OCEAN STREET
MAYPORT, FL 32267

Mailing Address
4510 OCEAN STREET
MAYPORT, FL 32267

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212006 REIN-P CR2E098 (11/05)

4. FEI Number
59-3343851

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

COHEN, LANCE P
1723 BLANDING BLVD. STE 102
JACKSONVILLE, FL 32210

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 \$200.00

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 D ☐ Delete
NAME THOMPSON, RANDAL
STREET ADDRESS 4510 OCEAN STREET
CITY-ST-ZIP MAYPORT, FL 32267

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 100067479421
CITY-ST-ZIP 03/03/06--01050--018 **300.00

TITLE D ☐ Delete
NAME ROLAND, PAUL
STREET ADDRESS 4510 OCEAN STREET
CITY-ST-ZIP MAYPORT, FL 32267

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROLAND, BRAD
STREET ADDRESS 4510 OCEAN STREET
CITY-ST-ZIP MAYPORT, FL 32267

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROLAND, VINCENT
STREET ADDRESS 4510 OCEAN STREET
CITY-ST-ZIP MAYPORT, FL 32267

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paul Roland PAUL Roland 2/24/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 MAR -1 AM 8:50



REINSTATEMENT