

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 30 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072485

1. Entity Name  
NOVAK & COMPANY, INC.



Principal Place of Business

David & Jane Novakoski  
10348 Lake Sheen Reserve  
Orlando, FL 32836

2. Box #

3. Mailing Address

~~14695 Braddock Oak Drive~~  
Suite, Apt. #, etc. ~~14695 Braddock Oak Drive~~  
**10348 Lake Sheen Reserve Blvd.**  
City & State **Orlando, FL 32836**  
Zip Country



11202007 REIN-P CR2E098 (1/07)

4. FEI Number **65-0615931** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBONS TUCKER MILLER WHATLEY & STEIN PA  
101 E KENNEDY BLVD SUITE 1000  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name **Gibbons, Tucker, Miller, Whatley & Stein, P.A.**  
Street Address (P.O. Box Number is Not Acceptable) **101 E. Kennedy Blvd., Suite 2190**  
City **Tampa** FL Zip Code **33602**

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 *Jacqueline B. Whatley* 11/20/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$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	D NOVAKOSKI, DAVID <del>4055 VININGS MILL TRAIL</del> <del>SMYRNA, GA 30080</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10348 Lake Sheen Reserve Blvd.</b> <del>14695 Braddock Oak Drive</del> <b>Orlando, FL 32837/6</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVAKOSKI, JANE <del>4055 VININGS MILL TRAIL</del> <del>SMYRNA, GA 30080</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10348 Lake Sheen Reserve Blvd.</b> <del>14695 Braddock Oak Drive</del> <b>Orlando, FL 32837/6</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400112715704</b> <b>11/30/07--01007--008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David Novakoski* Nov. 27, 2007 407-876-6183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

David Novakoski, President

11/30/07