

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000073242

1. Entity Name
EXECUTIVE PARK INC.



FILED

09 MAY 11 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1890 S. 14TH ST., STE. 305
AMELIA ISLAND, FL 32034-4742

Mailing Address
1890 S. 14TH ST., STE. 305
AMELIA ISLAND, FL 32034-4742

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

3. Mailing Address

3205 SEA MARSH RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052009

REIN-P

CR2E098 (1/07)

City & State

AMELIA ISLAND, FL

4. FEI Number

59-3345533

Applied For

Not Applicable

Zip

Country

Zip

Country

32034

FL

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

BERTKE, WILLIAM D
1890 S. 14TH ST., STE. 305
AMELIA ISLAND, FL 32034-4742

Name
WILLIAM D BERTKE

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

3205 SEA MARSH RD

City
AMELIA ISLAND

FL

Zip Code

32034

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

W.D. Bertke

(NOTE: Registered Agent signature required when reinstating)

5-4-09

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

TITLE
NAME
D
DOLLAR, KRISTINE D
STREET ADDRESS
1890 S. 14TH ST., STE. 305
CITY-ST-ZIP
AMELIA ISLAND, FL 320344742

☒ Delete

TITLE
NAME
P D
BERTKE, WILLIAM D
STREET ADDRESS
1890 S. 14TH ST., STE. 305
CITY-ST-ZIP
AMELIA ISLAND, FL 320344742

☐ Delete

TITLE
NAME
STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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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:

W.D. Bertke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/09 904-277-3375
Date Daytime Phone #

5/11/09