

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000047457

1. Entity Name
MILE MARKER 50, INC.



FILED

2007 OCT 31 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

996 LAGUNA DRIVE
UNIT B
VENICE, FL 34285

Mailing Address

996 LAGUNA DRIVE
UNIT B
VENICE, FL 34285

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

10192007

REIN-P

CR2E098 (1/07)

4. FEI Number

65-0675629

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

CORELL, LAWRENCE R
945 INLET CIRCLE ROAD
VENICE, FL 34285

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

Patricia Corell *Patricia Corell* 10/29/07 10/29/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME CORELL, LAWRENCE R
STREET ADDRESS 945 INLET CIRCLE RD
CITY-ST-ZIP VENICE, FL 34285 ☐ Delete

TITLE S
NAME CORELL, PATRICIA
STREET ADDRESS 945 INLET CIRCLE RD
CITY-ST-ZIP VENICE, FL 34285 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300111552613
10/31/07--01045--005 **750.00

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

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

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

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

TITLE
NAME
STREET ADDRESS
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:

Patricia Corell *Patricia Corell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/29/07 - 941-485-8022

11500