

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000020050

1. Entity Name  
JACK BLOODGOOD ARCHITECT, P.A.



FILED  
04 DEC 15 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
788 ASHBURTON ~~DRIVE~~  
NAPLES, FL 34110

Mailing Address  
788 ASHBURTON ~~DRIVE~~  
NAPLES, FL 34110

2. Principal Place of Business  
**AS ABOVE**

3. Mailing Address



11182004 REIN-P CR2E098 (6/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480387

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HENDRIX, DAVID S  
1140 N FLORIDA AVE  
TAMPA, FL 33602

**NEW ADDRESS**  
Gray Robinson  
201 N Franklin ST.  
Suite 2200  
Tampa, FL 33601

Name David S. Hendrix  
Street Address (P.O. Box Number is Not Acceptable)  
201 N Franklin ST.  
Suite 2200  
City Tampa FL Zip Code 33601

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

John A. Bloodgood David S. Hendrix 11.21.04

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, 2005, Fee will be \$900.00

**Please send all Reinstatement  
Forms TO The Registered Agent.**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME BLOODGOOD, JACK  
STREET ADDRESS 788 ASHBURTON ~~DRIVE~~  
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 800043043759  
CITY-ST-ZIP 11/29/04--01060--019 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900043043759  
CITY-ST-ZIP 11/29/04--01060--019 \*\*758.75

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900043043759  
CITY-ST-ZIP 12/15/04--01027--001 \*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 900043043759  
CITY-ST-ZIP 12/15/04--01027--001 \*\*150.00

TITLE ☐ Change ☐ Addition  
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 exemption stated in Section 119.07(3)(i), 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:

John A. Bloodgood  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.21.04

Date

239.597.1312  
Daytime Phone #