## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000033396  1. Entity Name LANDMARK GENERAL CONTRACTORS, INC.								FILED 04 OCT 21 AM 8: 56					
Principal Place of Business 19981 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413				Mailing Address PO BOX 14211 PANAMA CITY BEACH, FL 32413				4 Martin 21 111	SEORETAR ALLAHASS				
2. Principal Place of Business 13220 Ranama City Beach Pkwy				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10202004	REIN-P	CR2	E098 (6/04)	od Tarifor	
Panama City Beach FL				City & State				4. FEI Numbi 59-344			No	oplied For ot Applicable	
32407			٠,	Zip		Country			of Status Desired		\$8.75 Add		
		and Address of Current F	tegiste	Jistered Agent				7. Name and	Address of New	Registered	Agent		
WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY, FL 32401						Street A	ddress (i	P.O. Box Numb	er is Not Acceptal	ole)			
							R	EINSTATEMENT					
	*			٠.		City				Fl			
	named entit ions of regist	y submits this statement for lered agent.	the pu	irpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of	Fiorida. I an	n familiar with,	and accept	
SIGNATURE Signature, typed or privide name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE													
FILE NOW!!! FEE I\$ \$150.00 After January 1, 2005, Fee will be \$300.00								In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10.	Р	OFFICERS AND E	DIRECT	···				ADDITIONS	/CHANGES TO O	FFICERS AN		S IN 11	
TITLÉ NAME	LEE, WIL	TITLE NAMI	E .		Addition  3220 Panama City Beach PKWY								
STREET ADDRESS 19981 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32413						ET ADDRESS -ST-ZIP		Anoma City Beach FL 32403 32407					
TITLE NAME	C LEE, T.E.			☐ Delete	TITLE				<del></del>		Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	REET ADDRESS 19981 PANAMA CITY BEACH PARKWAY								na Coty Be Beach Fl				
TITLE	S . Delete					-ST-ZIP	100111	will cris	Death	. 501	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	COOK, PATRICIA H 1849 LAKE AVE. PANAMA CITY, FL 32405					E Et address -st-zip		300042064103 10/21/0401033002 **150.00					
TITLE NAME				☐ Delete	TITLE NAM						☐ Change	☐ Addition	
STREET ADDRESS C)TY-ST-ZIP					STRE	ET ADDRESS -ST-ZIP							
TITLE NAME				☐ Delete	TITLE						☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS -St-Zip						ı	
TITLE	~			☐ Delete	TITLE					,	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP					STRE	ET ADDRESS -ST-ZIP							
12. I hereby certify that the information supplied with this filling 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:    Del Lee   100004 (850)234-0032												32	