

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000064455

1. Entity Name

CHARLES P. SERNECK PROPERTIES, INC.



FILED
06 FEB 13 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1169 LAZY LAKE RD W
DUNEDIN, FL 34698

Mailing Address

1169 LAZY LAKE RD W
DUNEDIN, FL 34698

2. Principal Place of Business

706 Booth Street

3. Mailing Address

706 Booth Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312006

REIN-P

CR2E098 (11/05)

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

4. FEI Number

59-3481429

Applied For

Not Applicable

Zip

34695

Country

Zip

34695

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERNECK, CHARLES P
1169 LAZY LAKE RD W
DUNEDIN, FL 34698

7. Name and Address of New Registered Agent

Name

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

706 Booth Street

City

Safety Harbor

FL

Zip Code
34695

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

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

(NOTE: Registered Agent signature required when reinstating)

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 P
NAME SERNECK, CHARLES P ☐ Delete
STREET ADDRESS 1169 LAZY LAKE RD WEST 706 Booth Street
CITY-ST-ZIP DUNEDIN, FL 34698 Safety Harbor, FL 34695

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 500066130905
STREET ADDRESS 02/17/06--01018--023 **300.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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:

Charles P. Serneck 2/8/06

727-480-3074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 03-06

T. Roberts FEB 17 2006