


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

1082

<b>DOCUMENT # P97000087019</b> 1. Entity Name <b>AWARDS &amp; EMBROIDERY, INC.</b>						<b>FILED</b> 05 OCT 12 PM 5:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 11018 OLD ST AUGUSTINE RD SUITE 128 JACKSONVILLE, FL 32257				Mailing Address 11018 OLD ST AUGUSTINE RD SUITE 128 JACKSONVILLE, FL 32257			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>59-3472846</b>				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>MACKENDRICK, JON D</b> <b>11018 OLD ST AUGUSTINE RD</b> <b>SUITE 128</b> <b>JACKSONVILLE, FL 32257</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u><i>Jon D. Mackendrick</i></u> <b>JON D. MACKENDRICK</b> <span style="float: right;">10-10-05</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	100060545961	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACKENDRICK, JON D			NAME	10/12/05--01041--007		
STREET ADDRESS	11018 OLD ST AUGUSTINE RD #128			STREET ADDRESS	**158.75		
CITY-ST-ZIP	JACKSONVILLE, FL 32257			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.							
<b>SIGNATURE:</b> <u><i>Jon D. Mackendrick</i></u> <b>JON D. MACKENDRICK</b>				10-10-05 904-880-1118			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			

# **Awards & Embroidery, Inc.**

**11018 Old St. Augustine Road Suite 128**

**Jacksonville, Florida 32257**

2082

Division of Cororation  
P.O. Box 6327  
Tallahassee, FL 32314

October 10, 2005

Enclosed herewith is our completed form for reinstatement of our corporation.

As your records will show we have always filed promptly and have never been late.

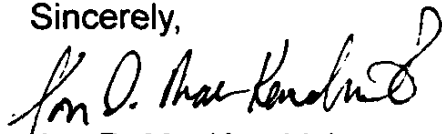
For some unknown reason we never received notification to file a report with our new corporate name.

Also enclosed is our check for \$158.75 which is the fee due along with \$8.75 Certificate of Status fee.

We have several complaints registered with the post office in our district, as we have had many important pieces of mail especially checks that have never been received by us resulting in our customers having to have stop payment orders issued at their bank. In some cases our mail was put in the box of an empty suite at our center and sat there for months!

Thank you for your help.

Sincerely,

  
Jon D. MacKendrick  
President

**Voice: 904.880.1118 Fax: 904.880.0776**

**E-mail: [jmacbtt@bellsouth.net](mailto:jmacbtt@bellsouth.net)**