

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000083784

1. Entity Name
COMFORT BY DESIGN OF SANIBEL, INC.



FILED
05 OCT 25 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1640 PERIWINKLE WAY
UNIT 3
SANIBEL, FL 33957**

Mailing Address
**1640 PERIWINKLE WAY
UNIT 3
SANIBEL, FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10112005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0377276

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OWENS, DAVID
695 TARPON BAY ROAD SUITE 5
SANIBEL, FL 33957**

7. Name and Address of New Registered Agent

Name **STROMER TUSCAN - CO., PA**
Street Address (P.O. Box Number is Not Acceptable)
8961 CONFERENCE DR., STE 2
City **FT. MYERS** FL Zip Code **33919**

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]* **Michael Miller** 10/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THIBAUT, HEIDI 1640 PERIWINKLE WAY SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060900452 10/25/05--01002--006 **150.00
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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 *[Signature]* **Heidi Thibaut** 10/20/2005 239-395-0666
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #