

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000009129

**FILED**  
**Sep 21, 2005**  
**Secretary of State**

**Entity Name:** FLORIDA ALLIANCE OF PARALEGAL ASSOCIATIONS, INC.

**Current Principal Place of Business:**

226-5 SOLANA ROAD, SUITE 177  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

226-5 SOLANA ROAD  
SUITE 177  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

226-5 SOLANA ROAD, SUITE 177  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

226-5 SOLANA ROAD  
SUITE 177  
PONTE VEDRA BEACH, FL 32082

FEI Number: 37-1496796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRINGFELLOW, TANA J CP  
C/O ONE INDEPENDENT DRIVE, SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

STRINGFELLOW, TANA J CP  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: TANA J. STRINGFELLOW

09/21/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STRINGFELLOW, TANA J CP  
Address: 226-5 SOLANA ROAD, SUITE 177  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T ( ) Delete  
Name: LONG, VERA CLAS  
Address: 777 SOUTH FLAGLER DRIVE, SUITE 500E  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete  
Name: LEVINE, SUSAN CLAS  
Address: P.O. BOX 2094  
City-St-Zip: SARASOTA, FL 34230

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANA J. STRINGFELLOW

P

09/21/2005

Electronic Signature of Signing Officer or Director

Date