2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 OCT 19 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000033805

1. Entity Name
RONALD E. SHOLES, P.A.

Principal Place of Business	Mailing Address
486 N. TEMPLE AVENUE STARKE, FL 32091	486 N. TEMPLE AVENUE STARKE, FL 32091

2. Principal Place of Business	3. Mailing Address
6815 Atlantic Blvd	6815 Atlantic Blvd
Suite, Apt. #, etc. 4	Suite, Apt. #, etc. #4
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32211 Country U.S.	Zip 32211 Country U-S

10142005 REIN-P CR2E098 (6/04)

4. FEI Number 01-0792081 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHOLES, RONALD E 977 CARLOTTA ROAD WEST JACKSONVILLE, FL 32211	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $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	PD SHOLES, RONALD E 486 N. TEMPLE AVENUE STARKE, FL 32091 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PD Ronald E. Sholes 6815 Atlantic Blvd Suite #4 Jacksonville, FL 32211
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500060951735 10/26/05--01035--013 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 10-13-05 721-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

07/04/2013 23:54 FAX