

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000015360

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** ADULT ADVOCACY & REPRESENTATION, INC.

**Current Principal Place of Business:**

312 WEST LUTZ FERN ROAD  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 342095  
TAMPA, FL 33694

**New Mailing Address:**

**FEI Number:** 22-3976167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRIBBEN, TAMARA  
312 WEST LUTZ FERN ROAD  
LUTZ, FL 33548 US

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

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:** TAMARA CRIBBEN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** CRIBBEN, TAMARA  
**Address:** 312 WEST LUTZ FERN ROAD  
**City-St-Zip:** LUTZ, FL 33548

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TAMARA CRIBBEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DPS

09/29/2010

\_\_\_\_\_  
Date