2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P97000087557** 05 MAR -4 PM 2: 54 1. Entity Name ANDREW E. STINNETTE, P.A. SECRETARI U. STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **597 MAIN STREET 597 MAIN STREET** DUNEDIN, FL 34698 US DUNEDIN, FL 34698 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3476574 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STINNETTE, ANDREW E Street Address (P.O. Box Number is Not Acceptable) 597 MAIN STREET DUNEDIN, FL 34698 Zip Code purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept MOREW E STINNETTE SIGNATURE. Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change · ☐ Addition STINNETTE, ANDREW E NAME NAME STREET ADDRESS **597 MAIN STREET** STREET ADDRESS CITY-ST-ZIP DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delete TITLE 50004884649 ☐ Addition NAME NAME 03/22/05--01022--017 ***308.75 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE Delete TITLE Change 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 bosse 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 attachinent with an address, with all other like empowered.