2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000023669

1. Entity Name
ROBERT A. MILNE, P.A.

FILED
09 FEB 16 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6710 SW 80TH STREET 102 SOUTH MIAMI, FL 33143	6710 SW 80TH STREET 102 SOUTH MIAMI, FL 33143

02112009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8083 TENNYSON DR.	PO BOX 14205
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TALLAHASSEE FLORIDA	City & State: TALLAHASSEE FLORIDA
Zip: 32309 Country: USA	Zip: 32317-4205 Country: USA

4. FEI Number: 65-0820607 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.
1980 SUNTRUST INTERNATIONAL CENTER
ONE SE THIRD AVENUE
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: ROBERT A. MILNE
Street Address (P.O. Box Number is Not Acceptable): 8083 TENNYSON DRIVE
City: TALLAHASSEE FL Zip Code: 32309

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] ROBERT MILNE, DIRECTOR, 02-11-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	D MILNE, ROBERT A 6710 SW 80TH STREET SUITE 102 MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600143708646 02/16/09--01047--005 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 02-11-09 8505970717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #