

2006 FOR PROFIT CORPORATION REINSTATEMENT


FILED

07 JAN 17 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000002208

1. Entity Name
MAZAHERI | GADD, P.A.



Principal Place of Business
2205 LAKE HOLLOWAY BLVD.
LAKELAND, FL 33801

Mailing Address
4525 - 140TH AVE N. #912
3616 HARDEN BLVD.
CLEARWATER, FL 33762
NUMBER 390
LAKELAND, FL 33803

2. Principal Place of Business
4525 140TH AVE NO
Suite, Apt. #, etc.
912

3. Mailing Address
4525 140TH AVE NO
Suite, Apt. #, etc.
912

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip
33762

Country
U.S.



6. Name and Address of Current Registered Agent
GADD, CARLA
2205 LAKE HOLLOWAY BLVD.
LAKELAND, FL 33801

4. FEI Number
Applied For
Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
4525 140TH AVE, NO.
SUITE 912
City
CLEARWATER FL Zip Code
33762

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 Carla Gadd CARLA GADD 01/11/07
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, 2007, 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	P GADD, W. JOHN 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4525 140TH AVE NO, SUITE 912 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAZAHERI, BERNARD R 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4525 140TH AVE, NO. SUITE 912 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLYNN, JOHN B 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLELAND, TRENTON J 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: W. John Gadd President 1/11/07 727-524-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell JAN 17 2007