2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 482640

Address:

City-St-Zip:

2151 MAIN ST STE 201

SARASOTA, FL 34237

THE BYRD LAW FIRM, P.A.

FILED Oct 19, 2009 Secretary of State

| Entity Nan | ne: IHEBYR | D LAVV FIRM, P.A. | | | |
|---|--|---|---|--|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 2151 MAIN STE 201 SARASOT | STREET A, FL 34237 | US | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 2151 MAIN STE 201 SARASOT | STREET A, FL 34237 | US | | | |
| FEI Number: | 59-1613484 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| BYRD, LAF 2151 MAIN STE 201 SARASOT, | | JS | | | |
| The above in the State | | submits this statement for the pu | rpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUR | RE: LARRY B | YRD | | | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| | | 3(2)(b), F.S., the corporation did not Trust Fund Contribution (). | receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () BYRD, DEREK 2151 MAIN ST S SARASOTA, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V () BYRD, HEATHE 2151 MAIN ST S SARASOTA, FL | STE 201 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | ST () BYRD. HEATHE | Delete R | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DEREK BYRD PD 10/19/2009