2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 02, 2006
Secretary of State

DOCUMENT# 601731

Entity Name: REID, LENTZ AND ASSOCIATES, P.A.

Current Principal Place of Business:

1725 MAYACOO LATES BLVD.
WEST PALM BEACH, FL 33711 US

New Principal Place of Business:

Current Mailing Address:

1725 MAYACOO LATES BLVD.
WEST PALM BEACH, FL 33711 US

New Mailing Address:

FEI Number: 59-1281682 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REID, LAWRENCE
1725 MAYACOO LAKES BLVD.
WEST PALM BEACH, FL 33411 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: LAWRENCE REID
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REID, LAWRENCE R
Address: P. O. BOX 1067
City-St-Zip: LOXAHATCHEE, FL 334701067 US

Title: S ( ) Delete
Name: LENTZ, ROBERT M.D.
Address: P. O. BOX 1067
City-St-Zip: LOXAHATCHEE, FL 334701067

Title: T ( ) Delete
Name: REID, LAWRENCE R
Address: P. O. BOX 1067
City-St-Zip: LOXAHATCHEE, FL 334701067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: LAWRENCE REID P 10/02/2006
Electronic Signature of Signing Officer or Director Date