

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 601921

**FILED**  
**Jun 29, 2011**  
**Secretary of State**

**Entity Name:** ROBERT E. ASHMORE AND ASSOCIATES P.A.

**Current Principal Place of Business:**

430 E COLLEGE AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

430 E COLLEGE AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number:** 59-1447320

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHMORE, ROBERT  
430 E COLLEGE AVE  
TALLAHASSEE, FL 32301 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:** R E ASHMORE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** ASHMORE, ROBERT  
**Address:** 430 E. COLLEGE AVE  
**City-St-Zip:** TALLAHASSEE, FL 32301

**Title:** VD  
**Name:** BROWN, LEDLEY  
**Address:** 430 E. COLLEGE AVE  
**City-St-Zip:** TALLAHASSEE, FL

**Title:** STD  
**Name:** LAMB, RICHARD  
**Address:** 430 E. COLLEGE AVE  
**City-St-Zip:** TALLAHASSEE, FL

I hereby 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 all other like empowered.

**SIGNATURE:** R E ASHMORE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

06/29/2011

\_\_\_\_\_  
Date