

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 658575

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** JAMES A. MCNULTY, CERTIFIED PUBLIC ACCOUNTANT, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

4419 SEVILLA  
TAMPA, FL 33629

**New Principal Place of Business:**

324 SOUTH HYDE PARK AVE  
SUITE 350  
TAMPA, FL 33606

**Current Mailing Address:**

P.O. BOX 10476  
TAMPA, FL 336790476

**New Mailing Address:**

324 SOUTH HYDE PARK AVE  
SUITE 350  
TAMPA, FL 33606

**FEI Number:** 59-1982235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNULTY, JAMES A.  
4419 SEVILLA STREET  
TAMPA, FL 33629 US

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

MCNULTY, JAMES A.  
324 SOUTH HYDE PARK AVE  
SUITE 350  
TAMPA, FL 33606 US

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: JAMES A. MCNULTY

03/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MCNULTY, JAMES A  
Address: 4419 SEVILLA STREET  
City-St-Zip: TAMPA, FL 33629

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: JAMES A. MCNULTY

PRES

03/17/2011

Electronic Signature of Signing Officer or Director

Date