

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G03194

FILED
Oct 14, 2009
Secretary of State

Entity Name: C. SCOTT DUGAS, PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

C/O C SCOTT DUGAS
3629 CAGNEY DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

C/O C SCOTT DUGAS
3629 CAGNEY DR
TALLAHASSEE, FL 32309

Current Mailing Address:

C/O C SCOTT DUGAS
3629 CAGNEY DR
TALLAHASSEE, FL 32308

New Mailing Address:

C/O C SCOTT DUGAS
3629 CAGNEY DR
TALLAHASSEE, FL 32309

FEI Number: 59-2229319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUGAS, C. SCOTT
5471 SYBIL COURT
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

DUGAS, C. SCOTT
5471 SYBIL COURT
TALLAHASSEE, FL 32309 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: C. SCOTT DUGAS

10/14/2009

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: DP () Delete
Name: DUGAS, C SCOTT
Address: 5471 SYBIL COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: S () Delete
Name: DUGAS, CARMEN F.
Address: 5471 SYBIL COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: VM () Delete
Name: DUGAS, ANDREW N
Address: 5471 SYBIL COURT
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VM (X) Change () Addition
Name: DUGAS, ANDREW N.
Address: 2349 RYAN PLACE
City-St-Zip: TALLAHASSEE, FL 32309

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.

SIGNATURE: ANDREW N. DUGAS

VM

10/14/2009

Electronic Signature of Signing Officer or Director

Date