

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H63853

1. Entity Name
IRA A. SEREBRIN, P.A.



FILED

2007 OCT 30 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
% IRA A. SEREBRIN % IRA A. SEREBRIN
2109 S. COMBEE RD. 2109 S. COMBEE RD.
LAKELAND, FL 33801 LAKELAND, FL 33801

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

10152007 REIN-P CR2E098 (1/07)

4. FEI Number 59-2543711 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SEREBRIN, IRA A.
2109 S. COMBEE RD.
LAKELAND, FL 33801

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ira A. Serebrin* 10-24-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS
TITLE DP ☐ Delete
NAME SEREBRIN, IRA A.
STREET ADDRESS 2109 S. COMBEE RD.
CITY-ST-ZIP LAKELAND, FL
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME 800111465628
STREET ADDRESS 10/30/07--01006--001 **150.00
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ira A. Serebrin* Ira A. Serebrin 10-24-07 863 666 1939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #