


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # H77824	
1. Entity Name LANDERS & PARSONS, P.A.	

Principal Place of Business 310 W. COLLEGE AVENUE P.O. BOX 271 TALLAHASSEE, FL 32302-0271	Mailing Address 310 W. COLLEGE AVENUE P.O. BOX 271 TALLAHASSEE, FL 32302-0271
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2581204	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PARSONS, PHILIP S. 310 E. COLLEGE AVENUE TALLAHASSEE, FL 32301

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 *Philip S. Parsons* DATE 1/31/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> PD LANDERS, JOSEPH W., JR. 5009 BRILL PT RD TALLAHASSEE, FL </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> SD LAVIA, JOHN T III 1503 LEE AVENUE TALLAHASSEE, FL </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> VPD WRIGHT, ROBERT SCHEFFE 3686 DWIGHT DAVIS DR TALLAHASSEE, FL </div> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> VPD PARSONS, PHILIP S. 2086 W. FOREST DR. TALLAHASSEE, FL </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> VPD DEE, DAVID S 234 N ROSEHILL DR TALLAHASSEE, FL </div> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Delete </div>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition 000118345870 02/19/08--01045--020 **\$900.00 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>

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: *Philip S. Parsons V.P.* DATE 1/31/08 DAYTIME PHONE # 850-22-3673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR