

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J46345

**FILED**  
**Jul 25, 2013**  
**Secretary of State**

**Entity Name:** ROBERT M. CHAMBERS, P.A.

**Current Principal Place of Business:**

141 WEST CENTRAL AVENUE  
SUITE 4  
WINTER HAVEN, FL 33881 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1233  
WINTER HAVEN, FL 33882 US

**New Mailing Address:**

**FEI Number:** 59-2752049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAMBERS, ROBERT M  
141 WEST CENTRAL AVENUE  
SUITE 4  
WINTER HAVEN, FL 33881 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:** ROBERT M. CHAMBERS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CHAMBERS, ROBERT M  
**Address:** 141 WEST CENTRAL AVENUE, SUITE 4  
**City-St-Zip:** WINTER HAVEN, FL 33881

**Title:** TREA  
**Name:** WEAVER, BRANDY L  
**Address:** 141 WEST CENTRAL AVENUE, SUITE 4  
**City-St-Zip:** WINTER HAVEN, FL 33881

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:** ROBERT M.C HAMBERS

PRES

07/25/2013

Electronic Signature of Signing Officer or Director

Date