2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 20, 2008
Secretary of State

DOCUMENT# L23601

Entity Name: SAALFIELD, SHAD, JAY LUCAS & STOKES, P.A.

Current Principal Place of Business:

50 NORTH LAURA STREET
SUITE 2950
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41589
JACKSONVILLE, FL 322031589 US

New Mailing Address:

FEI Number: 59-2972592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STOKES, JOSEPH B
4651 ARAPAHOE AVE.
JACKSONVILLE, FL 32210 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: JOSEPH B. STOKES

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: DIR ( ) Delete
Name: SAALFIELD, JOHN R
Address: 8732 ROLLING BROOK LN
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR ( ) Delete
Name: SHAD, CHARLES T
Address: 1251 E COAST DR
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DIR ( ) Delete
Name: JAY, HARVEY L III
Address: 8221 HUNTERS GROVE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: DIR ( ) Delete
Name: STOKES, JOSEPH B III
Address: 4651 ARAPAHOE AVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: DIR ( ) Change (X) Addition
Name: INCLAN, CLEMENTE J
Address: 2839 WOODVALLEY COURT
City-St-Zip: JACKSONVILLE, FL 32217 US

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: VINCENT M. HANLEY ADM 11/20/2008

Electronic Signature of Signing Officer or Director — Date