

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# M69953

FILED  
Oct 20, 2004  
Secretary of State

Entity Name: MCFARLAIN & CASSEDY, P.A.

## Current Principal Place of Business:

305 S GASDEN STREET  
TALLAHASSEE, FL 323162174

## New Principal Place of Business:

305 S GASDEN STREET  
TALLAHASSEE, FL 32301

## Current Mailing Address:

305 S GASDEN STREET  
P.O. BOX 2174  
TALLAHASSEE, FL 323162174

## New Mailing Address:

305 S GASDEN STREET  
P.O. BOX 2174  
TALLAHASSEE, FL 323162174

FEI Number: 59-2872417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONES, DOUGLAS  
305 S. GADSDEN ST.  
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: MARDENBOROUGH, HAROLD R JR  
Address: 215 SOUTH MONROE STREET, SUITE 600  
City-St-Zip: TALLAHASSEE, FL

Title: VD ( ) Delete  
Name: MADIGAN, TERRELL C  
Address: 215 SO MONROE ST 600  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD ( ) Delete  
Name: WHITE, JR H DARRELL  
Address: 215 SOUTH MONROE ST #600  
City-St-Zip: TALLAHASSEE, FL

Title: VD ( ) Delete  
Name: JONES, DOUGLAS P.,  
Address: 215 S. MONROE ST. #600  
City-St-Zip: TALLAHASSEE, FL

## 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS P. JONES

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10/20/2004

Electronic Signature of Signing Officer or Director

Date