

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000000214

FILED
Dec 02, 2008
Secretary of State

Entity Name: MS. WHEELCHAIR AMERICA-FLORIDA, INC.

Current Principal Place of Business:

3111 WEST DR. MARTIN LUTHER KING BLVD..
#100
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3111 WEST DR. MARTIN LUTHER KING JRBLVD
#100
TAMPA, FL 33607

New Mailing Address:

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

Name and Address of Current Registered Agent:

O'BRIEN, EILEEN A
3111 WEST DR. MARTIN LUTHER KING JR BLVD
#100
TAMPA, FL 33613 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: EILEEN O'BRIEN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: O'BRIEN, EILEEN A MS.
Address: 3111 W. DR MARTIN LUTHER KING JR.BLVD #100
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EILEEN O'BRIEN

Electronic Signature of Signing Officer or Director

MS.

12/02/2008

Date