# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 30, 2009**
**Secretary of State**

DOCUMENT# N05000000949

**Entity Name:** PALM HARBOR PROFESSIONAL PLAZA, INC.

**Current Principal Place of Business:**

29 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

3110 US ALT 19
PALM HARBOR, FL 34683

**Current Mailing Address:**

29 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

**New Mailing Address:**

3110 US ALT 19
PALM HARBOR, FL 34683

**FEI Number: 20-2257404** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

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

DRIS, MICHAEL E ESQ.
29 N. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

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

ECKARD, ROBERT D ESQ.
3110 US ALT 19
PALM HARBOR, FL 34683 US

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 ECKARD 09/30/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: D & T PROPERTIES, LLC
Address: 29 N. PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete
Name: CRC PROPERTIES, LLC
Address: 3110 US ALT 19
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: ROBERT ECKARD
Address: 3110 US ALT 19
City-St-Zip: PALM HARBOR, FL 34683

Title: D (X) Change ( ) Addition
Name: CHARLEEN ECKARD
Address: 3110 US ALT 19
City-St-Zip: PALM HARBOR, FL 34683

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: CHARLEEN ECKARD D 09/30/2009
Electronic Signature of Signing Officer or Director Date