

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001479

FILED
Feb 22, 2008
Secretary of State

Entity Name: FLORIDA STOP LAWSUIT ABUSE, INC.

Current Principal Place of Business:

595 S FEDERAL HWY STE 600
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

595 S FEDERAL HWY STE 600
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 20-4280270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

Name and Address of New Registered Agent:

BOYLES, WILLIAM A
301 E PINE ST STE 1400
ORLANDO, FL 32801 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: WILLIAM A. BOYLES

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SIEDLECKI, BOB
Address: 4605 SOUTH OCEAN BLVD. #7C
City-St-Zip: HIGHLAND BEACH, FL 33414

Title: VD () Delete
Name: FURNARI, JACK
Address: 5191 DEERHURST CRESCENT
City-St-Zip: BOCA RATON, FL 33486

Title: TD () Delete
Name: RUBIN, NOAH
Address: 399 SOUTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: STD (X) Change () Addition
Name: RUBIN, NOAH
Address: 399 SOUTH FEDERAL HIGHWAY
City-St-Zip: BOCA RATON, FL 33432

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: BOB SIEDLECKI

PRES

02/22/2008

Electronic Signature of Signing Officer or Director

Date