

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N48985

FILED
Sep 17, 2007
Secretary of State

Entity Name: ASSOCIATION OF PRETRIAL PROFESSIONALS OF FLORIDA, INC.

Current Principal Place of Business:

15 SE 1ST AVE
SUITE B
GAINESVILLE, FL 32601 US

New Principal Place of Business:

249 WEST UNIVERSITY AVE
GAINESVILLE, FL 32601 US

Current Mailing Address:

15 SE 1ST AVE
SUITE B
GAINESVILLE, FL 32601 US

New Mailing Address:

11920 NW 11TH PLACE
GAINESVILLE, FL 32606 US

FEI Number: 65-0336341 **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:

HIEBERT, LORI
15 SE 1ST AVE
SUITE B
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

HIEBERT, LORI
11920 NW 11TH PLACE
GAINESVILLE, FL 32606 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: LORI HIEBERT

09/17/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HIEBERT, LORI
Address: 15 SE 1ST AVE, SUITE B
City-St-Zip: GAINESVILLE, FL 32601 US

Title: D () Delete
Name: KILPATIRCK, JEFF
Address: 14 NE 1ST ST
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HIEBERT, LORI
Address: 11920 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32606 US

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: LORI HIEBERT

TREA

09/17/2007

Electronic Signature of Signing Officer or Director

Date