2005 FOR PROFIT CORPORATION REINSTATEMENT

| | | 4 I EIVIEIV I | | 1 _ | ٦ | | | | |
|--|---|---|---------------------------------------|--------------------------|--|----------------------|---------------------------|----------------|--|
| DOCUMENT # P0000000941 1. Entity Name RICHARD W. TAYLOR, P.A. | | | | | FILED 05 SEP 30 PII 4: 29 | | | | |
| Principal Place | e of Business | Mailing Address | | 1 | 1 | -0 | · Sali sidi | | |
| 112 N. FLOR Deland, Fl | | 112 N. FLORIDA AVE. Deland, Fl 32720 | | | | TALLAMISSEE, FLORIDA | | | |
| 4 | | | | | | | | | |
| | ace of Business | 3. Mailing Address | Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | REIN-P | CR2E098 (6/04 | 4) | |
| City & State |) | City & State | | | 4. FEI Numb | | \vdash | Applied For | |
| Zip | Country | Zip | Zip Country | | 59-361 5. Certificate | of Status Desired | \$8.75 A | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | |
| TAYLOR, F | RICHARD W | | | Name | | | | | |
| | ORIDA AVE. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | City | | 9. | FL Zip C | ode | |
| SIGNATURE_ | ons of registered agent. Signature, typed or printed name of registered agent E NOWIII FEE IS \$150.00 | | FE: Register | ed Agent signature requi | ired when reinstating | In accordance | DATE with s. 607.193(2)(t | o), F.S., the | |
| | uary 1, 2006, Fee will be \$300.0 | | | | | | not receive the pric | | |
| 10. | OFFICERS AND | DIRECTORS Delete | 11. TITLI | , T | ADDITIONS | /CHANGES TO OFF | Chang | | |
| NAME STREET ADDRESS CITY-ST-ZIP | TAYLOR, RICHARD W 112 N. FLORIDA AVE. DELAND, FL. 32720 | Li Deiete | NAME STREET ADDRESS CITY-ST-ZIP | | 51 10/1: | 00060! 3/050106: | 586925 I002 **49 | | |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | | | | | | ☐ Chang | e 🔲 Addition | |
| TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | | | | ☐ Chang | e 🔲 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | | | | | ☐ Chang | e 🔲 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | | | ☐ Chang | e 🔲 Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | i i | | | Chang | e 🔲 Addition | |
| indicated of the cor | eritify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address. | s true and accurate and that owered to execute this report | my signa t as requi | ture shall have the | same legal effe | ct as if made under | oath; that I am an office | er or director | |
| SIGNAT | URE: 2500 | PRINTED NAME OF SIGNING OFFICER | | TOP | 30 Sep | 705 | 786-934- | 2557 | |
| | GRANTONE AND TIPED ON | Co lease or distante of Ficer | . VI, VINEU | | | | Оаушна глопе | \\. | |