## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P00000044812

Entity Name: ERIC J. KUSKE, P.A.

FILED May 24, 2006 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

505 E. JACKSON STREET 505 E. JACKSON STREET TAMPA, FL 33602

SUITE 209

TAMPA, FL 33602

**Current Mailing Address:** New Mailing Address:

505 E. JACKSON STREET SUITE 209 505 E. JACKSON STREET

TAMPA, FL 33602

TAMPA, FL 33602

FEI Number: 59-3641377 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

KUSKE, ERIC J KUSKE, ERIC J

505 E. JACKSON STREET 505 E. JACKSON STREET TAMPA, FL 33602 SUITE 209 TAMPA, FL 33602 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: ERIC J. KUSKE 05/24/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition () Delete Title: PRFS

Title: KUSKE, ERIC J Name: Name: KUSKE, ERIC J

505 E. JACKSON STREET 505 E. JACKSON STREET, SUITE 209 Address: Address:

TAMPA, FL 33602 City-St-Zip: City-St-Zip: TAMPA, FL 33602

Title: () Delete Title: ( ) Change (X) Addition

Name: Name: KUSKE, PATRICIA D

Address: Address: 505 E. JACKSON STREET, SUITEE 209

TAMPA, FL 33609 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC J. KUSKE **PRES** 05/24/2006