

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000057008

Entity Name: ADELE P. BOURCIER, PA

**FILED**  
**Oct 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1115 LARCHMONT DRIVE  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

1115 LARCHMONT DRIVE  
ENGLEWOOD, FL 34223

**New Mailing Address:**

FEI Number: 65-1016734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOURCIER, ADELE  
1115 LARCHMONT DRIVE  
ENGLEWOOD, FL 34223 US

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

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: ADELE BOURCIER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BOURCIER, ADELE  
Address: 1115 LARCHMONT DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

I hereby 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 all other like empowered.

SIGNATURE: ADELE BOURCIER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/07/2012

\_\_\_\_\_  
Date