

# 2008 FOR PROFIT CORPORATION REINSTATEMENT



**DOCUMENT # P0000061916**

1. Entity Name  
**MARIA D. DOHERTY, P.A.**

**FILED**

**08 NOV 24 AM 11:40**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>725 BENTON AVENUE BROOKSVILLE, FL 34601</b>	Mailing Address <b>11525 CORTEZ BLVD SPRINGHILL, FL 34613</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10032008 REIN-P CR2E098 (1/07)

4. FEI Number **65-1069718** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANDERSON, FRANK K  
3391 JEWFISH DRIVE  
HERNANDO BEACH, FL 34607**

**7. Name and Address of New Registered Agent**

Name **RICK LEONS, ESQ.**  
Street Address (P.O., Box Number is Not Acceptable) **RICK LEONS, P.A.  
11025 SPRING HILL DRIVE**  
City **SPRING HILL** FL Zip Code **34608**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rick Leons* **RICK LEONS - ATTY** DATE **11/19/08**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	DOHERTY, MARIA D	
STREET ADDRESS	14089 HIGHGROVE RD	
CITY-ST-ZIP	SPRING HILL, FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2001 38364632</b>	
CITY-ST-ZIP	<b>12/02/08--01009--001 **150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**REINSTATEMENT 2008 GKS**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Maria Doherty* **10/13/08** (352) 596-9990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #