2006 FOR PROFIT CORPORATION REINSTATEMENT

| City & State Ci | DOCUMENT # P0000088655 ~ 1. Entity Name SHERI L. GESDORF, P.A. | | | | | | | DIVISION OF | ILEU RY OF STATE CORPORATIONS | S | |
|---|---|---------------------------------|---|---|----------------------|-----------------|--------------------------------------|---|--------------------------------------|-------------------|--|
| Pincipal Place of Business Maling Address 1721 MML RIN MORGE NAPLES, FL 34109 2. Principal Place of Business Sulfa, April 4: etc. Sulfa, April 4: etc | 1110-31G36 | | | | | | | 08 JOF 58 | 1 AM 8: 04 | | |
| NAPLES, FL 34109 NAPLES, FL 3 | Principal Place | of Busines | : S | | 1 | | | | | | |
| Suite, April if, etc. Suite, April if, etc. Suite | | | | 7121 MILL RUN CIRCLE | | | # IN RIIN NI FII | TONI POIN ORIA SONI POIN CO | EBIR! (8184 IBINE BNOL BNOL | | |
| City & State City & Country City Country S. Certificate of Slatus Desired S. Anne and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Street Address (P.O. Box Number is Not Acceptable) Street | 2. Principal Place of Business | | | 3. Mailing Address | 3. Mailing Address | | | | | | |
| Sp. 3722585 No. Applicable Sp. 3722585 No. Applicable Sp. 372585 No. Applicable Sp. 372585 No. Applicable Sp. 375 Assistant Post | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 10302000 | NSTAIRN | CR2E098411405) | 7-08 | |
| S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCELRATH, DAVID DAVID MCELRATH P. A 33838 TAMMAIN TRAIL N. 4410 NAPLES, FL 34103 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Rorida. I am furnitier with, and accept the obligations of registered agent. SIGNATURE THE NOWILI FEE IS \$750.00 After January 1, 2007, Fee will Job \$900.00 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICENS AND DIRECTORS IN 11 INE NAME SIRER ADDRESS OTY-51-2P INE NAME SIRE | City & State | | | City & State | | | | | + | | |
| Name Name Name Street Address (P.O. Box Number is Not Acceptable) | Zip | Country | | Zip | Zip Count | | 5. Certificate of Status Desired \$6 | | \$8.75 Ad Fee Requin | lditional ed | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the dollagations of registered agent. SIGNATURE: STREET ADDRESS OF THE IS \$750.00 OFFICERS AND DIRECTORS 11. ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ACDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE STREET ADDRESS OFFI AS \$100.00 THE NAME STREET ADDRES | | 6. Name | and Address of Curre | nt Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| City FL Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida. I am familier with, and accept the deligations of registered agent. SIGNATURE | DAVID MC | ELRATH | P.A. | | | | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Comparison of registered agent. Comparison of the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Comparison of the state of Florida. Comparison of the Comparison of the Comparison of the receiver of this performation o | | | L 14.#4 10 | | | | | | | | |
| SIGNATURE Change Change Change Change Change Change Change Addition | | | | | City | | | FL Zip Code | | | |
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| After January 1, 2007, Fee will be \$900.00 10. OFFICERS AND DIRECTORS | энучшин, уродинувате от registered agent and doe в аррасавие. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| TITLE NAME GESDORF, SHERI L STRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP TI | | | | | | | | | | | |
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| CITY-S1-ZIP CITY-S1-ZIP | | | | • | | | 19. 20.000 | JU1322 709-01005- | 26269 -004 **150 | 100 | |
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| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 trustge 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: 339-369-6350 | | | | Delete | | * . | | | □ ænænge | Addition | |
| CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 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 trusted 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: 239-269-6350 | | | | | | | | 761 | 11/29/1 | //X/ | |
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| RECONSTRUCTED AND TYPED OF PRINTED NAME OF RECORDS OF DIRECTOR 1 | SIGNAT | URE: _ | All RIGHTIME AND THE | B BRINTED NAME OF SIGNALIA OFFICE | OR DIPPO | _ | • | 239 | -269-6 Daytime Phone # | <u> </u> | |