2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 27, 2011
Secretary of State

DOCUMENT# P00000117311

Entity Name: KATHERINE A. JONES, P.A.

Current Principal Place of Business:

5850 PAINTED LEAF IN.
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

5850 PAINTED LEAF IN.
NAPLES, FL 34116 US

New Mailing Address:

FEI Number: 65-1064710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, KATHERINE A
5850 PAINTED LEAF IN.
NAPLES, FL 34116 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: KATHERINE A. JONES

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: JONES, KATHERINE A
Address: 5850 PAINTED LEAF IN.
City-St-Zip: NAPLES, FL 34116 US

Title: D
Name: JONES, KATHERINE A JONES
Address: 5850 PAINTED LEAF LANE
City-St-Zip: NAPLES, FL 34116 US

Title: D
Name: JONES, KATHERINE A
Address: 5850 PAINTED LEAF LANE
City-St-Zip: NAPLES, FL 34116 US

Title: D
Name: JONES, KATHERINE A
Address: 5850 PAINTED LEAF LANE
City-St-Zip: NAPLES, FL 34116 US

Title: D
Name: JONES, KATHERINE A
Address: 5850 PAINTED LEAF LANE
City-St-Zip: NAPLES, FL 34116 US

Title: D
Name: JONES, KATHERINE A
Address: 5850 PAINTED LEAF LANE
City-St-Zip: NAPLES, FL 34116 US

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: KATHERINE A. JONES D 09/27/2011

Electronic Signature of Signing Officer or Director Date