

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000029735

Entity Name: AMY L. MOTT, O.D., P.A.

**FILED**  
**Sep 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13300-45 S. CLEVELAND AVE.  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1370 WHISKEY CREEK DR  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 65-1092682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOTT, AMY L O.D.  
1370 WHISKEY CREEK DR.  
FORT MYERS, FL 33919 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: AMY L. MOTT

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MOTT, AMY L  
Address: 1370 WHISKEY CREEK DR.  
City-St-Zip: FORT MYERS, FL 33919

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: AMY L. MOTT

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

PRES

09/13/2010

\_\_\_\_\_  
Date