

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000038865

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** DR. RICHARD E. POE AND ASSOCIATES, INC.

**Current Principal Place of Business:**

2480 EAST BAY DRIVE.  
SUITE 30  
LARGO, FL 337712467

**New Principal Place of Business:**

5441 EMERALD DRIVE  
RIDGE MANOR, FL 33523-891

**Current Mailing Address:**

2480 EAST BAY DRIVE  
SUITE 30  
LARGO, FL 337712467

**New Mailing Address:**

5441 EMERALD DRIVE  
RIDGE MANOR, FL 33523-891

**FEI Number:** 59-3713635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POE, RICHARD  
14961 NEWPORT RD.  
CLEARWATER, FL 337647050 US

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

POE, RICHARD  
5441 EMERALD DRIVE  
RIDGE MANOR, FL 33523-891 US

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: RICHARD POE

01/25/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: POE, RICHARD E  
Address: 5441 EMERALD DRIVE  
City-St-Zip: RIDGE MANOR, FL 335238891

Title: STD  
Name: POE, NANCELYN M  
Address: 5441 EMERALD DRIVE  
City-St-Zip: RIDGE MANOR, FL 335238918

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: RICHARD POE

P

01/25/2010

Electronic Signature of Signing Officer or Director

Date