

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000061770

Entity Name: M.P. O'BRIEN, INC.

**FILED**  
**Jan 16, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

715 NAPOLI LANE  
NEW SMYRNA BEACH, FL 32168

## **New Principal Place of Business:**

62 PINE IN THE WOOD  
NEW SMYRNA BEACH, FL 32168 UN

## **Current Mailing Address:**

715 NAPOLI LANE  
NEW SMYRNA BEACH, FL 32168

## **New Mailing Address:**

62 PINE IN THE WOOD  
PORT ORANGE, FL 32168 UN

FEI Number: 59-3724083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'BRIEN, MICHAEL P  
2715 NAPOLI LANE  
NEW SMYRNA BEACH, FL 32168 US

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

O'BRIEN, MICHAEL P  
62 PINE IN THE WOOD  
OLD ADDRESS-715NAPOL LANE N.S. FL 32168  
PORT ORANGE, FL 32129 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: MICHAEL OBRIEN

01/16/2014

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: DPST  
Name: O'BRIEN, MICHEAL P  
Address: 62 PINE IN THE WOOD  
City-St-Zip: PORT ORANGE, FL 32168 UN

Title: V  
Name: STEVE, KIRBY  
Address: 715 NAPOLI LN  
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: V  
Name: O'BRIEN, IRINA  
Address: 62 PINE IN THE WOOD  
City-St-Zip: PORT ORANGE, FL 32168 UN

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: MICHAEL OBRIEN

PRES

01/16/2014

Electronic Signature of Signing Officer or Director

Date