

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000114769

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ROXANNE M. BRACEWELL, P.A.

**Current Principal Place of Business:**

13435 STARFISH DRIVE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

13435 STARFISH DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

PO BOX 755  
NEW PORT RICHEY, FL 34656 US

**FEI Number:** 80-0021315

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BRACEWELL, ROXANNE M  
13435 STARFISH DRIVE  
HUDSON, FL 34667 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:** ROXANNE M. BRACEWELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BRACEWELL, ROXANNE  
Address: 13435 STARFISH DRIVE  
City-St-Zip: HUDSON, FL 34667

Title: VPD  
Name: BRACEWELL, MICHAEL W  
Address: 13435 STARFISH DR  
City-St-Zip: HUDSON, FL 34667 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:** ROXANNE M. BRACEWELL

PSD

04/29/2010

Electronic Signature of Signing Officer or Director

Date