2006 FOR PROFIT CORPORATION - REINSTATEMENT

FILED

2006 OCT 27 AM 10: 16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10102006 REIN-P CR2E098 (11/05)

DOCUMENT # P01000117335

1. Entity Name
KENNETH G. GILMAN, P.A.

Principal Place of Business	Mailing Address
5150 NORTH TAMIAMI TRAIL SUITE 602 NAPLES, FL 34103	57 RIVER ST SUITE 102 WELLESLEY HILLS, MA 02481

2. Principal Place of Business	3. Mailing Address
6363 HIGHCROFT Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State
Zip: 34119 Country	Zip Country

4. FEI Number: 22-3851013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.
3001 TAMIAMI TR N, 4TH FLOOR
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name: Ken Gilman
Street Address (P.O. Box Number is Not Acceptable): 6363 Highcroft Drive
City: Naples FL Zip Code: 34119

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILMAN, KENNETH G 5150 NORTH TAMIAMI TRAIL STE #602 NAPLES, FL 34103	☐ Delete	D GILMAN, KENNETH G 6363 HIGHCROFT DRIVE NAPLES, FL 34119	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/31 au