

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC 15 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000003025

1. Entity Name  
PAUL F. GEFFERT, P.A.



Principal Place of Business  
375 EIGHTH AVE. S, #D  
NAPLES, FL 34102

Mailing Address  
375 EIGHTH AVE. S, #D  
NAPLES, FL 34102

2. Principal Place of Business - No P.O. Box #  
375 8th Ave. So.  
Suite, Apt. #, etc.  
D

3. Mailing Address  
375 8th Ave. So.  
Suite, Apt. #, etc.  
D

City & State  
Naples, FL.  
Zip  
34102  
Country  
U.S.A.

City & State  
Naples, FL.  
Zip  
34102  
Country  
U.S.A.



REINSTATEMENT 08

4. FEI Number  
01-0575587

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GEFFERT, PAUL F  
375 EIGHTH AVE. S, #D  
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name  
N/A  
Street Address (P.O. Box Number is Not Acceptable)  
N/A  
City  
N/A  
FL  
Zip Code  
N/A

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 Paul F. Geffert, P.A. (NO CHANGE) 12/10/08  
Signature, typed or printed name of registered agent and not if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	GEFFERT, PAUL F	
STREET ADDRESS	375 EIGHTH AVE. S, #D	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Paul F. Geffert, P.A. 12/10/08 (239) 261-2244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

X309