

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000030019

**FILED**  
**Oct 23, 2008**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF KIM MICHAEL CULLEN, P.A.

**Current Principal Place of Business:**

800 N MAGNOLIA AVE.  
SUITE 1301  
ORLANDO, FL 32803

**New Principal Place of Business:**

1219 E. LIVINGSTON STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

800 N MAGNOLIA AVE.  
SUITE 1301  
ORLANDO, FL 32803

**New Mailing Address:**

1219 E. LIVINGSTON STREET  
ORLANDO, FL 32803

**FEI Number:** 75-3029517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CULLEN, KIM M  
800 N MAGNOLIA AVE.  
SUITE 1301  
ORLANDO, FL 32803 US

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

CULLEN, KIM M  
1219 E. LIVINGSTON STREET  
ORLANDO, FL 32803 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: KIM M. CULLEN

10/23/2008

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: DP ( ) Delete  
Name: CULLEN, KIM M  
Address: 800 N MAGNOLIA AVE STE 1301  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CULLEN, KIM M  
Address: 1219 E. LIVINGSTON STREET  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIM M. CULLEN

PRES

10/23/2008

Electronic Signature of Signing Officer or Director

Date