2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P02000066750

Entity Name: SAMUEL J. MONTESINO, P.A.

Current Principal Place of Business:

2161 PALM BEACH LAKES BLVD #307
W PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2161 PALM BEACH LAKES BLVD #307
W PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 03-0455913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONTESINO, SAMUEL
2161 PALM BEACH LAKE BLVD., #307
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

MONTESINO, SAMUEL J
2161 PALM BEACH LAKE BLVD., #307
WEST PALM BEACH, FL 33409 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: SAMUEL J. MONTESINO 03/04/2009
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: P ( ) Delete
Name: MONTESINO, SAMUEL
Address: 2161 PALM BEACH LAKES BLVD #307
City-St-Zip: W PALM BEACH, FL 33409

Title: V (X) Delete
Name: CANDIDO, KRISTINA M
Address: 2161 PALM BEACH LAKES BLVD #307
City-St-Zip: W PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MONTESINO, SAMUEL J
Address: 2161 PALM BEACH LAKES BLVD #307
City-St-Zip: W PALM BEACH, FL 33409

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SAMUEL J. MONTESINO P 03/04/2009
Electronic Signature of Signing Officer or Director Date