

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

04 DEC -1 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10112004 REIN-P CR2E098 (6/04)

**DOCUMENT # P02000078146**

1. Entity Name  
**M. DUNN & ASSOCIATES, INC.**



Principal Place of Business  
**800 VILLAGE SQUARE CROSSING  
SUITE 116  
PALM BEACH GARDENS, FL 33410**

Mailing Address  
**800 VILLAGE SQUARE CROSSING  
SUITE 116  
PALM BEACH GARDENS, FL 33410**

2. Principal Place of Business  
**4100 N. OCEAN BL**

3. Mailing Address  
**304**

City & State  
**Singer Island**

City & State  
**Singer Island #2**

Zip  
**33404**

Country  
**Palm Beach**

Zip  
**33**

Country

4. FEI Number  
**05-0522595**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145**

7. Name and Address of New Registered Agent  
Name  
**MARK DUNN**  
Street Address (P.O. Box Number is Not Acceptable)  
**4100 N. OCEAN BL #304**  
City  
**Singer Island** FL Zip Code  
**33404**

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 **MARK A DUNN** DATE **10/14/2004**  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, 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	PTD DUNN, MARK A 800 VILLAGE SQUARE CROSSING #116 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DUNN, LARANN 800 VILLAGE SQUARE CROSSING #116 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100042895821</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>11/19/04--01015--024 **150.00</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**REINSTATEMENT**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **MARK A DUNN** DATE **10/14/2004** DAYTIME PHONE # **561-563-5766**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR