

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000082036

1. Entity Name
JENNIFER CALENDRA, P.A.



Principal Place of Business
3236 B SUNSET KEY CIRCLE
PUNTA GORDA, FL 33955

Mailing Address
3236 B SUNSET KEY CIRCLE
PUNTA GORDA, FL 33955

05 SEP 23 PM 6:41

RECEIVED
FLORIDA SECRETARY OF STATE
REINSTATEMENT



REINSTATEMENT

09/16/2005 REIN-P CR2E098 (405)

2. Principal Place of Business 23965 VINCENT AVE	3. Mailing Address 23965 VINCENT AVE
Suite, Apt. #, etc. 	Suite, Apt. #, etc.
City & State PUNTA GORDA FL	City & State PUNTA GORDA FL
Zip 33955	Country USA
Zip 33955	Country USA
4. FEI Number 54-2065566	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent	
TOTTER, LESLIE L 2805 TAMIA MI TRAIL PUNTA GORDA, FL 33950	
7. Name and Address of New Registered Agent	
Name J. DAVID CAMPBELL EA Street Address (P.O. Box Number is Not Acceptable) 2511 VASCO STREET SUITE 115 City PUNTA GORDA FL 33950	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-16-05

DATE

FILE NOW!!! FEE IS \$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	P CALENDA CALENDAR, JENNIFER 3236 B SUNSET KEY CIRCLE PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALENDA, JENNIFER 23965 VINCENT AVE PUNTA GORDA FL 33955	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CROW, THOMAS 23965 VINCENT AVE PUNTA GORDA FL 33955	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1000059898751 09/23/05--01042-007 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/05

Date

Daytime Phone #