

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000082036						FILED 05 SEP 23 PM 6:41 COUNTY OF DADE STATE OF FLORIDA	
1. Entity Name JENNIFER CALEDA, 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			
2. Principal Place of Business 23965 VINCENT AVE Suite, Apt. #, etc.		3. Mailing Address 23965 VINCENT AVE Suite, Apt. #, etc.		 REINSTATEMENT 09162005 REIN-P CR2E098 0405			
City & State PUNTA GORDA FL		City & State PUNTA GORDA FL		4. FEI Number 54-2065566		Applied For <input type="checkbox"/> Not Applicable	
Zip 33955		Country USA		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 TAMiami 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 Zip Code: 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:  EA				DATE: 9-16-05			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
FILE NOW!!! FEE IS \$300.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: P NAME: CALEDA STREET ADDRESS: CALEDA, JENNIFER CITY-ST-ZIP: 3236 B SUNSET KEY CIRCLE PUNTA GORDA, FL 33955		<input type="checkbox"/> Delete		TITLE: P NAME: CALEDA, JENNIFER STREET ADDRESS: 23965 VINCENT AVE CITY-ST-ZIP: PUNTA GORDA FL 33955		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		<input type="checkbox"/> Delete		TITLE: V NAME: CROW, THOMAS STREET ADDRESS: 23965 VINCENT AVE CITY-ST-ZIP: 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: 100059898751 CITY-ST-ZIP: 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: 				Date: 9/16/05 Daytime Phone #:			
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							