

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000116778

1. Entity Name
GENET A. PALLY P.A.



Principal Place of Business
**10541 CORY LAKE DRIVE
TAMPA, FL 33647**

Mailing Address
**10541 CORY LAKE DRIVE
TAMPA, FL 33647**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10212004

REIN-P

CR2E098 (6/04)

4. FEI Number
04-3724666

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALLY, GENET A
10541 CORY LAKE DRIVE
TAMPA, FL 33647**

7. Name and Address of New Registered Agent

Name **WALTER SANDERS**

Street Address (P.O. Box Number is Not Acceptable)
3355 BEAKSS AVE

City **TAMPA**

FL

Zip Code
33618

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 *Walter Sanders* **WALTER SANDERS**

10-21-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PALLY, GENET A**
STREET ADDRESS **10541 CORY LAKE DRIVE**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
400042158574
10/25/04--01065--004 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Genet A. Pally*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-21-04 (813) 961-0094

Date

Daytime Phone #

FILED
04 OCT 25 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

October 21, 2004

State of Florida
Department of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: Genet A. Pally, P.A.
Document # P02000116778

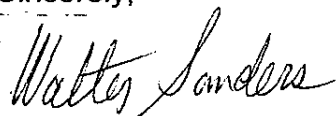
Dear Sir or Madam:

Enclosed please find the 2004 for Profit Corporation Annual Report and a check in the amount of \$150.00 for the filing fee for the corporation referenced above. After reviewing our files recently, it was discovered that the original corporation renewal advice mailed from your office was never received at the corporate address. Therefore, the website form was completed and provided herein. Due to circumstances beyond our control, please waive any and all penalties which may apply. Your kind consideration is appreciated.

If you require any further information regarding this specific matter, please feel free to contact this office.

Thank you.

Sincerely,



Walter S. Sanders

WSS/sw