

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000117809 1. Entity Name GREGORY B. SEELEY, P.A.					
Principal Place of Business 3924 CENTRAL AVE ST PETERSBURG, FL 33711			Mailing Address 3924 CENTRAL AVE ST PETERSBURG, FL 33711		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1635406	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEELEY, GREGORY B 3924 CENTRAL AVE ST PETERSBURG, FL 33711				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete NAME SEELEY, GREGORY B STREET ADDRESS 3924 CENTRAL AVE. CITY-ST-ZIP SAINT PETERSBURG, FL 33711				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE T <input type="checkbox"/> Delete NAME SEELEY, GREGORY B STREET ADDRESS 3924 CENTRAL AVE. CITY-ST-ZIP SAINT PETERSBURG, FL 33711				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S <input type="checkbox"/> Delete NAME SEELEY, GREGORY STREET ADDRESS 3924 CENTRAL AVE. CITY-ST-ZIP SAINT PETERSBURG, FL 33711				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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)(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 line empowered.					
SIGNATURE: <u><i>Gregory B Seeley</i></u> 12/21/04 <i>as President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date Daytime Phone #					

FILED

04 DEC 22 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2004

4. FEI Number
16-1635406

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

FL Zip Code

100043610881
12/23/04--01030--004 **750.00