

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P02000120814

Entity Name: IN PURSUIT, INC.

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

1655 NORTH DR.  
SARASOTA, FL 34239

## **New Principal Place of Business:**

619 TREMONT ST  
SARASOTA, FL 34242

## **Current Mailing Address:**

1655 NORTH DR.  
SARASOTA, FL 34239

## **New Mailing Address:**

619 TREMONT ST  
SARASOTA, FL 34242

FEI Number: 54-2088481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

PLUM, LAURA A CPA  
1800 2ND STREET, STE. 745  
SARASOTA, FL 34236 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: LAURA A PLUM, CPA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMPSON, WILLIAM B  
Address: 1655 NORTH DR.  
City-St-Zip: SARASOTA, FL 34239

Title: D ( ) Delete  
Name: THOMPSON, JENNIFER L  
Address: 1655 NORTH DR.  
City-St-Zip: SARASOTA, FL 34239

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: THOMPSON, WILLIAM B  
Address: 619 TREMONT ST.  
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change ( ) Addition  
Name: THOMPSON, JENNIFER L  
Address: 619 TREMONT ST  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B THOMPSON

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date