


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000124533		
1. Entity Name R. E. TAYLOR, P. A.		

Principal Place of Business 609 W. AZEELE STREET STE. B TAMPA, FL 33606 US	Mailing Address 609 W. AZEELE STREET STE. B TAMPA, FL 33606 US
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2. Principal Place of Business 602 1/2 South Boulevard Suite, Apt. #, etc.	3. Mailing Address 602 1/2 South Boulevard Suite, Apt. #, etc.
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City & State Tampa, Florida	City & State Tampa, Florida 33606
Zip 33606	Country U.S.A.

10122006 REIN-P CR2E098 (11/05)

4. FEI Number 13-4222741	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent H. STRATTON-SMITH III, P. A. 611 W. AZEELE STREET TAMPA, FL 33606
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7. Name and Address of New Registered Agent	
Name Sonja R. Taylor	
Street Address (P.O. Box Number is Not Acceptable) 602 1/2 South Boulevard	
City Tampa	FL Zip Code 33606

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 Sonja R. Taylor Sonja R. Taylor 11-3-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$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 TAYLOR, ROBERT E JR 609 W. AZEELE STREET TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081622133 11/08/06--01020--019 **158.75
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
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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 exemptions contained 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 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: Robert E. Taylor, Jr. Robert E. Taylor, Jr. 813-254-1712  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
06 NOV -8 PM 5:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT