

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000135030

Entity Name: JOHN GIACCONE, P.A.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

3949 EVANS AV #205
FT MYERS, FL 33901

New Principal Place of Business:

7910 SUMMERLIN LAKES DRIVE
FORT MYERS, FL 33907

Current Mailing Address:

3949 EVANS AV #205
FT MYERS, FL 33901

New Mailing Address:

5791 LANCEWOOD WAY
NAPLES, FL 34116

FEI Number: 13-4228208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RANSOM, SONIA
3949 EVANS AV #205
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

RANSOM, SONIA
7910 SUMMERLIN LAKES DRIVE
FORT MYERS, FL FL 33907 US

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: SONIA RANSOM

04/23/2009

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: RANSOM, SONIA
Address: 3949 EVANS AV #205
City-St-Zip: FT MYERS, FL 33901

Title: V () Delete
Name: GIACCONE, JOHN
Address: 3949 EVANS AV #205
City-St-Zip: FT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M (X) Change () Addition
Name: RANSOM, SONIA
Address: 7910 SUMMERLIN LAKES DRIVE
City-St-Zip: FT MYERS, FL 33907

Title: O (X) Change () Addition
Name: GIACCONE, JOHN
Address: 7910 SUMMERLIN LAKES DRIVE
City-St-Zip: FT MYERS, FL 33907

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: JOHN GIACCONE

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04/23/2009

Electronic Signature of Signing Officer or Director

Date