

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAY 11 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222005 REIN-P CR2E098 (6/04) *MRB*

DOCUMENT # P02000135410 1. Entity Name KELLY ROWLAND, P.A.																																	
Principal Place of Business 1301 6TH AVENUE WEST BRADENTON, FL 34205			Mailing Address 1301 6TH AVENUE WEST BRADENTON, FL 34205																														
2. Principal Place of Business 18307 White Fang Court Suite, Apt. #, etc.		3. Mailing Address 18307 White Fang Court Suite, Apt. #, etc.																															
City & State Parrish, FL 34213 Zip 34213		City & State Parrish, FL 34213 Zip 34213		4. FEI Number 33-1036767																													
Country Manatee		Country Manatee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent WILCOX, DAVID W ESQ. 1301 6TH AVENUE WEST SUITE 401 BRADENTON, FL 34205				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 308 13th Street West City Bradenton FL Zip Code 34205																													
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 <i>David W. Wilcox</i> David W. Wilcox 5/4/05 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																	
FILE NOW!!! FEE IS \$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																														
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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 like empowered.																																	
SIGNATURE <i>Kelly Rowland</i> Kelly Rowland <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/4/05 941.746.2136 <small>Date Daytime Phone #</small>																														