APPROVED AND FILED

07 APR 24 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT 06-07

DOCUMENT # P03000036117

1. Entity Name
JAMIE S. YARBROUGH, P.A.

Principal Place of Business	Mailing Address
2611 SOUTH HANNON HILL DRIVE TALLAHASSEE, FL 32308	2611 SOUTH HANNON HILL DRIVE TALLAHASSEE, FL 32308

04172007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1313 North Gasden Street	1313 North Gasden Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. FEI Number: 81-0605427 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOLLEY, SHAWN ~~9200 S. DADELAND BLVD.~~ ~~SUITE #204~~ ~~MIAMI, FL 33156~~	Name Street Address (P.O. Box Number is Not Acceptable): 9350 South Dixie Highway Penthouse V City: Miami FL Zip Code: 33156

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, the position indicated for which I am authorized to act.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: 4/16/07

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD YARBROUGH, JAMIE 2611 SOUTH HANNON HILL DRIVE TALLAHASSEE, FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 1313 North Gasden Street Tallahassee, FL 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900099272879 04/30/07--01007--018 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900099272879 04/30/07--01007--019 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 4/23/07 954/651-0230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #