2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000053551 1. Entity Name							FILED		ED .		
JAN FERGERSON, P.A.								2007 DEC 31			
Principal Place of Business 1726 ALVARADO COURT LONGWOOD, FL 32779				Mailing Address 1726 ALVARADO COURT LONGWOOD, FL 32779				TÄLLAHASSE	Or STATE E. FLORIDA	A	
Principal Place of Business - No P.O. Box # 3. No P.				Mailing Address							
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			- R.	INGTAT	CR2E098 1 02	10	
City & State			City 8	City & State			4. FE! Numb 32-007			Applied For Not Applicable	
Zip	Country		Zip	Zip C		ntry 5. Certific		of Status Desired	□ \$8.75 Ao Fee Requir		
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
FERGERSON, JAN 1726 ALVARADO COURT LONGWOOD, FL 32779						Street Address (P.O. Box Number is Not Acceptable)					
·						City FL Zip Code					
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 acce										n, and accept	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent agolike if applicable. (NOTE: Registered Agent algnature required when reinstating) DATE											
KILE NOW!!!- FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 COMPANY 1, 2008, Fee will be \$300.00											
10:	PD	OFFICERS ANI	DIRECTOR		11.		ADDITIONS	/CHANGES TO OFFICER			
NAME STREET ADDRESS CITY-ST-ZIP	FERGERSON, JAN NOTESS 1726 ALVARADO COURT						Change Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP									☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	Delete TITLE NAME: STREE					T ADDRESS ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREI		···		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e e		☐ Delete					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	Te Server Tigo			□ Delete		I			☐ 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 frue and accurate and that my signature shall have the same legal effect as it 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: DWCL SIGNING OF SIGNIN											