
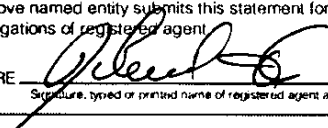
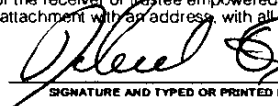


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAR -4 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000063966 1. Entity Name ROLAND THEIS, P.A.		
Principal Place of Business 1327 LAFAYETTE ST. # C CAPE CORAL, FL 33904 US		Mailing Address 1327 LAFAYETTE ST. # C CAPE CORAL, FL 33904 US
2. Principal Place of Business - No P.O. Box # 4414 Del Prado Blvd.	3. Mailing Address 23 SW 17th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Cape Coral, FL		City & State Cape Coral, FL
Zip 33904	Country USA	Zip 33991
Country USA		Country USA
4. FEI Number 65-1192528		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent THEIS, ROLAND 1327 LAFAYETTE ST. # C CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Roland Theis Street Address (P.O. Box Number is Not Acceptable) 23 SW 17th Ave. City Cape Coral FL Zip Code 33991
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  <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 3/2/08 <small>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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, D <input checked="" type="checkbox"/> Delete THEIS, ROLAND 1112 SW 47TH ST CAPE CORAL, FL 33914	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THEIS, Roland 23 SW 17th Ave Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900119386039 03/04/08--01025--002 **8.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900119386039 03/04/08--01025--003 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07-08
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 3/2/08 (239) 671-0043 <small>DATE Daytime Phone #</small>