


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000081120</b> 1. Entity Name <b>CATHY R. ROBINSON, P.A.</b>						<b>FILED</b> <b>07 OCT -5 PM 2:57</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>3844 SE 8TH STREET</b> <b>OCALA, FL 34471 US</b>				Mailing Address <b>3844 SE 8TH STREET</b> <b>OCALA, FL 34471 US</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>ROBINSON, CATHY R</b> <b>3844 SE 8TH STREET</b> <b>OCALA, FL 34471</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number <b>14-1892442</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable			
SIGNATURE: <i>Cathy R. Robinson PA</i> <i>Cathy R. Robinson, President</i>				DATE: <b>10/2/7</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE: <b>DIR</b> <input type="checkbox"/> Delete NAME: <b>ROBINSON, CATHY R</b> STREET ADDRESS: <b>3844 SE 8TH STREET</b> CITY-ST-ZIP: <b>OCALA, FL 34471</b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>700110328397</b> STREET ADDRESS: <b>10/05/07--01014--018</b> CITY-ST-ZIP: <b>**150.00</b>			
TITLE: <b>P</b> <input type="checkbox"/> Delete NAME: <b>ROBINSON, CATHY R</b> STREET ADDRESS: <b>3844 SE 8TH STREET</b> CITY-ST-ZIP: <b>OCALA, FL 34471</b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: <b>SEC</b> <input type="checkbox"/> Delete NAME: <b>ROBINSON, CATHY R</b> STREET ADDRESS: <b>3844 SE 8TH STREET</b> CITY-ST-ZIP: <b>OCALA, FL 34471</b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: <b>TREA</b> <input type="checkbox"/> Delete NAME: <b>ROBINSON, CATHY R</b> STREET ADDRESS: <b>3844 SE 8TH STREET</b> CITY-ST-ZIP: <b>OCALA, FL 34471</b>				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 			
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: <i>Cathy R. Robinson PA</i> <b>Cathy R. Robinson, President</b>				DATE: <b>10/2/7</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <b>(352) 812-3137</b>			