

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000084467

1. Entity Name
ALAN C. RANDELL, ISA & ASSOCIATES, INC.



FILED
06 JAN -4 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11437 Beecher Circle E.
Jacksonville, FL 32223

Mailing Address

4446 # 235
Hendrick's Ave.
Jacksonville, FL 32207

2. Principal Place of Business

3526 San Jose Blvd.

3. Mailing Address

3526 San Jose Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip
32203

Country
USA

Zip
32207

Country
USA

09202005

REIN-P

CR2E098 (6/04)

4. FEI Number

27-0066092

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAFER, ELIOT J
10110 SAN JOSE BLVD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent

Name

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 accept the obligations of registered agent.

SIGNATURE

Eliot J. Safer

(NOTE: Registered Agent signature required when reinstating)

DATE

10/3/05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME RANDELL, ALAN C
STREET ADDRESS 2916 UNIVERSITY BLVD W STE 201
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSN
NAME RANDELL, ALAN C
STREET ADDRESS 11437 Beecher Circle E.
CITY-ST-ZIP Jacksonville, FL 32223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Alan C. Randell

Alan C. Randell

9-30-05 904-731-5575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

04-06

T. Roberts JAN 10 6 2006