2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000111043

Entity Name: BRIAN ACRI, P.A.

FILED Nov 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 473 S.W. DAHLED AVE. PORT ST LUCIE, FL 349859211 PORT ST LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** P.O. BOX 9211 PORT ST LUCIE, FL 349859211 FEI Number: 65-1206956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ACRI, BRIAN C 473 SW DAHLED AVENUE US PORT ST LUCIE, FL 34953 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. SIGNATURE: BRIAN ACRI Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete () Change () Addition ACRI, BRIAN C Name: Name: P.O. BOX 9211 Address: Address: City-St-Zip: PORT ST LUCIE, FL 349859211 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete ACRI, GEORGETTA N Name: Name: PO BOX 9211 Address: Address: PORT ST LUCIE, FL 349859211 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN C ACRI P 11/19/2007