

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000121722

Entity Name: DORA IVETTE CAMPBELL, P.A.

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

5476 SW 41ST ST
OCALA, FL 34474

New Principal Place of Business:

1109 SE 46 STREET
OCALA, FL 34480

Current Mailing Address:

5476 SW 41ST ST
OCALA, FL 34474

New Mailing Address:

1109 SE 46 STREET
OCALA, FL 34480

FEI Number: 81-0637207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, DORA I
5476 SW 41ST ST
OCALA, FL 34474 US

Name and Address of New Registered Agent:

CAMPBELL, DORA I
1109 SE 46 STREET
OCALA, FL 34480 US

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: DORA I CAMPBELL

10/14/2009

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:

Title: PV () Delete
Name: CAMPBELL, DORA I
Address: 5476 SW 41ST ST
City-St-Zip: OCALA, FL 34474

Title: D () Delete
Name: CAMPBELL, BRUCE
Address: 5476 SW 41ST ST
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change () Addition
Name: CAMPBELL, DORA I
Address: 1109 SE 46 STREET
City-St-Zip: OCALA, FL 34480

Title: D (X) Change () Addition
Name: CAMPBELL, BRUCE
Address: 1109 SE 46 STREET
City-St-Zip: OCALA, FL 34480

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: DORA I CAMPBELL

PV

10/14/2009

Electronic Signature of Signing Officer or Director

Date