

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000158190

FILED
Nov 11, 2005
Secretary of State

Entity Name: SAMUEL ROBERT FILLER II PA

Current Principal Place of Business:

1220 DOUGLAS AVE
SUITE 203
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

1220 DOUGLAS AVE
SUITE 203
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-0523723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILLER, SAMUEL R II
1220 DOUGLAS AVE
STE 203
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: SAMUEL FILLERT

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: P () Delete
Name: FILLER, SAMUEL R II
Address: 1220 DOUGLAS AVE STE 203
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SAMUEL FILLER

PRES

11/11/2005

Electronic Signature of Signing Officer or Director

Date