

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000031666

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** WORKMAN LAW OFFICE, P.A.

## **Current Principal Place of Business:**

3001 SW 24TH AVENUE  
1608  
OCALA, FL 34474 US

## **Current Mailing Address:**

POST OFFICE BOX 772562  
OCALA, FL 34477 US

## **New Principal Place of Business:**

4600 TOUCHTON ROAD  
BUILDING 100, SUITE 150  
JACKSONVILLE, FL 32246 US

## **New Mailing Address:**

4600 TOUCHTON ROAD  
BUILDING 100, SUITE 150  
JACKSONVILLE, FL 32246 US

**FEI Number:** 20-0739004

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## **Name and Address of Current Registered Agent:**

WORKMAN, DALE E ESQ  
3001 SW 24TH AVENUE  
1608  
OCALA, FL 34474 US

## **Name and Address of New Registered Agent:**

WORKMAN, DALE E ESQ.  
4600 TOUCHTON ROAD  
BUILDING 100, SUITE 150  
JACKSONVILLE, FL 32246 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:** DALE E. WORKMAN, ESQ.

02/16/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WORKMAN, DALE E ESQ.  
**Address:** 4600 TOUCHTON ROAD, BLDG 100, STE 150  
**City-St-Zip:** JACKSONVILLE, FL 32246 US

I hereby 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 all other like empowered.

**SIGNATURE:** DALE E. WORKMAN, ESQ.

P

02/16/2012

Electronic Signature of Signing Officer or Director

Date