

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000034393

1. Entity Name
THE LEGAL CENTER OF FLORIDA, P.A.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 22 AM 11:04

Principal Place of Business
3111 WEST DR. M.L. KING BLVD., STE. 100
TAMPA, FL 33607

Mailing Address
3111 WEST DR. M.L. KING BLVD., STE. 100
TAMPA, FL 33607



2. Principal Place of Business
4014 GUNN HWY
Suite, Apt. #, etc.
STE 240
City & State
TAMPA, FL
Zip
33618
Country
U.S.

3. Mailing Address
2913 GANDY BLVD
Suite, Apt. #, etc.
City & State
TAMPA, FL
Zip
33611
Country
U.S.

12092005 REIN-P CR2E098 (6/04)

4. FEI Number
55-0858473
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CROOKS, JACK W
740 SOUTH BREVARD AVE.
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2913 W. GANDY BLVD.
City TAMPA FL Zip Code 33611

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: Jack Crooks 12/19/05
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	CROOKS, JACK W	740 SOUTH BREVARD AVE.	TAMPA, FL 33606	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	2913 W. GANDY BLVD	TAMPA, FL 33611		<input type="checkbox"/>
	800062356518	12/22/05--01042--025	**158.75	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jack Crooks JACK CROOKS (PRESIDENT) 12/19/05 (813) 817-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

212.300