

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000045401

Entity Name: DEBRA D. HAYNES, P.A.

FILED  
Oct 10, 2005  
Secretary of State

## Current Principal Place of Business:

809 E. BLOOMINGDALE AVENUE  
PMB 273  
BRANDON, FL 33511 US

## Current Mailing Address:

809 E. BLOOMINGDALE AVENUE  
PMB 273  
BRANDON, FL 33511 US

## New Principal Place of Business:

809 E. BLOOMINGDALE AVENUE  
PMB 124  
BRANDON, FL 33511 US

## New Mailing Address:

809 E. BLOOMINGDALE AVENUE  
PMB 124  
BRANDON, FL 33511 US

FEI Number: 56-2445749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYNES, DEBRA D  
809 E. BLOOMINGDALE AVENUE  
PMB 273  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

HAYNES, DEBRA D  
809 E. BLOOMINGDALE AVENUE  
PMB 124  
BRANDON, FL 33511 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: DEBRA D. HAYNES

10/10/2005

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,S ( ) Delete  
Name: HAYNES, DEBRA D  
Address: 809 E. BLOOMINGDALE AVE PMB 273  
City-St-Zip: BRANDON, FL 33511 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition  
Name: HAYNES, DEBRA D  
Address: 809 E. BLOOMINGDALE AVE PMB 124  
City-St-Zip: BRANDON, FL 33511 US

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: DEBRA D. HAYNES

P.S.

10/10/2005

Electronic Signature of Signing Officer or Director

Date