## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000054581

Entity Name: APRILE D. OSBORNE, P.A.

**FILED** Oct 13, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

18561 OLD BAYSHORE ROAD 106 HANCOCK BRIDGE PKWY NORTH FORT MYERS, FL 33917

D155 35

CAPE CORAL, FL 33991

**Current Mailing Address: New Mailing Address:** 

18561 OLD BAYSHORE ROAD 2263 LOWER RIVER RD NORTH FORT MYERS, FL 33917 CHARLESTON, TN 37310

FEI Number: 42-1624492 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSBORNE, APRILE D OSBORNE, APRILE D 18561 OLD BAYSHORE ROAD 106 HANCÓCK BRIDGE PKWY NORTH FORT MYERS, FL 33917 US D155 35

CAPE CORAL, FL 33991 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: APRILE OSBORNE 10/13/2007

> 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: DPST (X) Change ( ) Addition

OSBORNE, APRILE D OSBORNE, APRILE D Name: Name: 18561 OLD BAYSHORE ROAD Address: 2263 LOWER RIVER RD Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: CHARLESTON, TN 37310

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: APRILE OSBORNE **DPST** 10/13/2007

Electronic Signature of Signing Officer or Director

Date