

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000061813

FILED
Oct 09, 2007
Secretary of State

Entity Name: MOORE MEDICAL CORRESPONDENCE, INC.

Current Principal Place of Business:

3838 LAKE LAND HILLS BLVD
LAKE LAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 91928
LAKE LAND, FL 33804

New Mailing Address:

FEI Number: 20-1410805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, TIM
1411 BANBURY LOOP N
LAKE LAND, FL 33809 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: TIM MOORE

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOORE, LISA
Address: 1411 BANBURY LOOP N
City-St-Zip: LAKE LAND, FL 33809

Title: V () Delete
Name: MOORE, TIM
Address: 1411 BANBURY LOOP N
City-St-Zip: LAKE LAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LISA MOORE

Electronic Signature of Signing Officer or Director

P

10/09/2007

Date