


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000073643		
1. Entity Name JASON DONALD, P.A.		

FILED

05 NOV 17 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 18002 RICHMOND PLACE DR. UNIT 1825 TAMPA, FL 33647	Mailing Address 18002 RICHMOND PLACE DR. UNIT 1825 TAMPA, FL 33647
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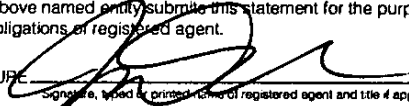
2. Principal Place of Business 307 W. Emma St. Suite, Apt. #, etc.	3. Mailing Address 307 W. Emma St. Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL
Zip 33603	Zip 33603
Country Hillsborough	Country Hills



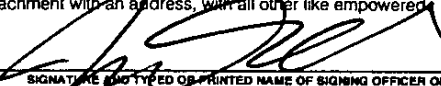
11072005 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent DONALD, JASON 18002 RICHMOND PLACE DR. UNIT 1825 TAMPA, FL 33647	
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7. Name and Address of New Registered Agent Name: Donald, Jason Street Address (P.O. Box Number is Not Acceptable): 307 W. Emma St. City: Tampa FL Zip Code: 33603	
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:  JASON DONALD DATE: 11/05/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONALD, JASON 18002 RICHMOND PLACE, UNIT 1825 TAMPA, FL 33627 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JASON DONALD <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: 11/05/05 <small>Date</small>
813-232-1236 <small>Daytime Phone #</small>	