


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 23 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000109817	
1. Entity Name MARY G. HALL P.A.	

Principal Place of Business 6786 BENT GRASS DRIVE NAPLES, FL 34113	Mailing Address 6786 BENT GRASS DRIVE NAPLES, FL 34113
--	--

2. Principal Place of Business, No P.O. Box # 7818 Ashton Road Suite, Apt. #, etc.	3. Mailing Address 7818 Ashton Road Suite, Apt. #, etc.
--	---

City & State Naples FL	City & State Naples FL
Zip 34113	Zip 34113
Country USA	Country



10172007 REIN-P CR2E098 (1/07)

4. FEI Number 80-0115034	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent  HALL, MARY G 6786 BENT GRASS DRIVE NAPLES, FL 34113
--

7. Name and Address of New Registered Agent Name HALL, Mary G. Street Address (P.O. Box Number is Not Acceptable) 7818 Ashton Road City Naples FL Zip Code 34113
---

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: Mary G. Hall DATE: October 17, 2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALL, MARY G 6786 BENT GRASS DRIVE NAPLES, FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALL, Mary G. 7818 Ashton Road Naples, FL 34113 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800111188823 10/23/07--01013--003 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained 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 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: Mary G. Hall 10-17-07 239-417-2052  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #