

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000115433

Entity Name: CPA NATION INCORPORATED

FILED  
Oct 06, 2009  
Secretary of State

## Current Principal Place of Business:

1700 MERIDIAN AVENUE  
#501  
MIAMI BEACH, FL 331391842

## New Principal Place of Business:

## Current Mailing Address:

1700 MERIDIAN AVENUE  
#501  
MIAMI BEACH, FL 331391842

## New Mailing Address:

FEI Number: 20-1478952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GRAE, IAIN  
1700 MERIDIAN AVENUE  
#501  
MIAMI BEACH, FL 331391842 US

## Name and Address of New Registered Agent:

GRAE, IAIN  
1700 MERIDIAN AVENUE  
#501  
MIAMI BEACH, FL 331391842 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: IAIN GRAE

10/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GRAE, IAIN  
Address: 1700 MERIDIAN AVENUE, UNIT 501  
City-St-Zip: MIAMI BEACH, FL 331391842

Title: VP ( ) Delete  
Name: LATORIA, MICHAEL  
Address: 1700 MERIDIAN AVENUE, UNIT 501  
City-St-Zip: MIAMI BEACH, FL 331391842

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GRAE, IAIN  
Address: 1700 MERIDIAN AVENUE, UNIT 501  
City-St-Zip: MIAMI BEACH, FL 331391842

Title: VP (X) Change ( ) Addition  
Name: LASTORIA, MICHAEL  
Address: 1700 MERIDIAN AVENUE, UNIT 501  
City-St-Zip: MIAMI BEACH, FL 331391842

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: IAIN GRAE

PRES

10/06/2009

Electronic Signature of Signing Officer or Director

Date