


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000127282		
1. Entity Name LYDIA GARCIA, PA		

FILED

06 JUN 27 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06052006 REIN-P CR2E098 (11/05)

2. Principal Place of Business 1424 LONGMEADOW WAY Suite, Apt. #, etc.		3. Mailing Address 1424 LONGMEADOW WAY Suite, Apt. #, etc.	
City & State WINDERMERE, FL Zip 34786		City & State WINDERMERE, FL Zip 34786	

4. FEI Number 20-1593610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GARCIA, LYDIA 3806 SHADOWIND WAY GOTHA, FL 34734		7. Name and Address of New Registered Agent Name GARCIA, LYDIA Street Address (P.O. Box Number is Not Acceptable) 1424 LONGMEADOW WAY City WINDERMERE FL Zip Code 34786	
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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 _____ DATE 6/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 GARCIA, LYDIA 3806 SHADOWIND WAY GOTHA, FL 34734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA LYDIA 1424 LONGMEADOW WAY WINDERMERE, FL 34786 <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
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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: _____ DATE 6/5/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR