

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000140854

Entity Name: SUZANNE PRIEUR, P.A.

FILED  
Nov 14, 2006  
Secretary of State

**Current Principal Place of Business:**

5306 N. SUWANEE AVE.  
TAMPA, FL 33603 US

**New Principal Place of Business:**

**Current Mailing Address:**

5408 ST JAMES DRIVE  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

5306 N. SUWANEE AVE.  
TAMPA, FL 33603 US

FEI Number: 20-1998915

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DREW, KELLY L  
5408 ST JAMES DRIVE  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

PRIEUR, SUZANNE  
5306 N. SUWANEE AVE.  
TAMPA, FL 33603 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: SUZANNE PRIEUR

11/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PRIEUR, SUZANNE  
Address: 5306 N. SUWANEE AVE.  
City-St-Zip: TAMPA, FL 33603 US

Title: T ( ) Delete  
Name: PRIEUR, SUZANNE  
Address: 5306 N SUWANEE AVE  
City-St-Zip: TAMPA, FL 33603 US

Title: S ( ) Delete  
Name: PRIEUR, SUZANNE  
Address: 5306 N SUWANEE AVE  
City-St-Zip: TAMPA, FL 33603 US

Title: D ( ) Delete  
Name: PRIEUR, SUZANNE  
Address: 5306 N SUWANEE AVE  
City-St-Zip: TAMPA, FL 33603 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: SUZANNE PRIEUR

P

11/14/2006

Electronic Signature of Signing Officer or Director

Date