

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000155654

Entity Name: JAMES S. ELKINS, P.A.

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1920 WEKIVA WAY  
SUITE 102  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

1900 BELVEDERE RD  
SUITE 109  
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

1920 WEKIVA WAY  
SUITE 102  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

1900 BELVEDERE RD  
SUITE 109  
ROYAL PALM BEACH, FL 33411

FEI Number: 20-1877642

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ELKINS, JAMES S III  
1920 WEKIVA WAY  
SUITE 102  
WEST PALM BEACH, FL 33411 US

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

ELKINS, JAMES S III  
1900 BELVEREDE RD  
SUITE 109  
ROYAL PALM BEACH, FL 33411 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: JAMES S. ELKINS

10/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: ELKINS, JAMES S III  
Address: 1900 BELVEDERE RD, SUITE 109  
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: JAMES S. ELKINS

PRES

10/04/2011

Electronic Signature of Signing Officer or Director

Date