

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAY -1 AM 9:47



**DOCUMENT # P04000166554**

1. Entity Name  
LISA VILLAR, P.A.

Principal Place of Business 2372 SE DELANO ROAD PORT ST. LUCIE, FL 34952 US	Mailing Address 2372 SE DELANO ROAD PORT ST. LUCIE, FL 34952 US
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2. Principal Place of Business - No P.O. Box # <b>1023 catalina st</b>	3. Mailing Address <b>1023 Catalina Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04102009 REIN-P CR2E098 (1/07)

City & State <b>Palm City, Fl</b>	City & State <b>Palm city, FL</b>
Zip <b>34990</b>	Country <b>martin</b>
Zip <b>34990</b>	Country <b>Martin</b>

4. FEI Number <b>20-2000566</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent	
VILLAR, LISA 1023 CATALINA WAY PALM CITY, FL 34990	
7. Name and Address of New Registered Agent	
Name	
Street Address (P O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLAR, LISA 1023 CATALINA <del>WAY</del> Street PALM CITY, FL 34990 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT 08-09KS

500155143215  
05/01/09--01060--029 \*\*300.00

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: Lisa Villar DATE: 4/27/09 (772) 201-3159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS