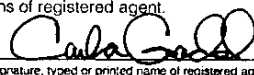
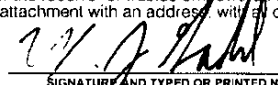


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 17 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000002208			
1. Entity Name MAZAHERI GADD, P.A.			
Principal Place of Business 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801		Mailing Address 4525 - 140TH AVE N. #912 3616 HARDEN BLVD. CLEARWATER, FL 33762 NUMBER 390 LAKELAND, FL 33803	
2. Principal Place of Business 4525 140TH AVE NO Suite, Apt. #, etc. 912		3. Mailing Address 4525 140TH AVE NO Suite, Apt. #, etc. 912	
City & State CLEARWATER, FL		City & State CLEARWATER, FL	
Zip 33762	Country US	Zip 33762	Country U.S.
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GADD, CARLA 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4525 140TH AVE, NO. SUITE 912 City CLEARWATER FL Zip Code 33762	
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  CARLA GADD		01/11/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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 GADD, W. JOHN 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4525 140TH AVE NO, SUITE 912 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAZAHERI, BERNARD R 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4525 140TH AVE, NO. SUITE 912 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLYNN, JOHN B 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLELAND, TRENTON J 2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  W. John Gadd President 1/11/07		727-524-6300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

B. Mitchell JAN 17 2007