2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 JAN 17 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000002208

1. Entity Name
MAZAHERI | GADD, P.A.

Principal Place of Business	Mailing Address
2205 LAKE HOLLOWAY BLVD. LAKELAND, FL 33801	~~3616 HARDEN BLVD.~~ ~~NUMBER 390~~ ~~LAKELAND, FL 33803~~ 4525 - 140th Ave N. #912 Clearwater, FC 33762

REINSTATEMENT 06-07
11462000 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
4525 140TH AVE NO	4525 140TH AVE NO
Suite, Apt. #, etc.: 912	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 CARLA GADD 01/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 400085838054 01/23/07--01007--010 **300.00
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 1/11/07 727-521-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell JAN 17 2007