

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000023084

**FILED**  
**Feb 19, 2014**  
**Secretary of State**

**Entity Name:** THE LAW OFFICE OF ROGER P. FOLEY, P.A.

**Current Principal Place of Business:**

524 SOUTH ANDREWS AVE  
SUITE 200N  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

901 N. OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

524 SOUTH ANDREWS AVE  
SUITE 200N  
FT LAUDERDALE, FL 33301

**New Mailing Address:**

901 N. OLIVE AVENUE  
WEST PALM BEACH, FL 33401

**FEI Number:** 86-1131248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOLEY, ROGER P  
524 SOUTH ANDREWS AVE  
SUITE 200N  
FT LAUDERDALE, FL 33301 US

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

FOLEY, ROGER P  
901 N. OLIVE AVENUE  
WEST PALM BEACH, FL 33401 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: ROGER P. FOLEY

02/19/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FOLEY, ROGER P  
Address: 901 N OLIVE AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

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: ROGER P. FOLEY

D

02/19/2014

Electronic Signature of Signing Officer or Director

Date