

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000028998

Entity Name: CRIS RYKER. P.A.

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

300 FIFTH STREET SOUTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

300 FIFTH STREET SOUTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 20-2393078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, GARY K ESQ
C/O PORTER, WRIGHT, MORRIS & ARTHUR LLP
5801 PELICAN BAY BLVD STE 300
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

WILSON, GARY K ESQ
C/O PORTER, WRIGHT, MORRIS & ARTHUR LLP
9132 STRADA PLACE
NAPLES, FL 34108 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: GARY K WILSON

10/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: RYKER, CHRISTINE D
Address: 300 FIFTH STREET SOUTH
City-St-Zip: NAPLES, FL 34102 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHRISTINE D RYKER

PRES

10/14/2009

Electronic Signature of Signing Officer or Director

Date