

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 MAR 16 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152007 REIN-P CR2E098 (1/07)

DOCUMENT # P05000050606 1. Entity Name SENIOR ADVISOR CORPORATION			
Principal Place of Business 9042 S W 142ND AVE STE #218 MIAMI, FL 33186		Mailing Address 9042 S W 142ND AVE STE #218 MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 11804 SW 137th Path		3. Mailing Address 11804 SW 137th Path	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami FL		City & State Miami FL	
Zip 33186		Zip 33186	
Country USA		Country USA	
4. FEI Number 20-2633202		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHELTON, DONALD ANTHONY 9042 S W 142ND AVE STE #218 MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Donald A. Shelton, CSA Street Address (P.O. Box Number is Not Acceptable) 11804 SW 137th Path City Miami	
State FL		Zip Code 33186	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		_____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, DONALD ANTHONY 9042 S W 142ND AVE STE #218 MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO Donald A. Shelton, CSA 11804 SW 137th Path Miami, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	300093258683 03/16/07--01018--003 **335.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date</small>	
		3/15/07 305-803-2073 <small>Daytime Phone #</small>	