

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000109574

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** LORRAINE BARRETT, P.A.

**Current Principal Place of Business:**

7626 SAND LAKE ROAD  
ORLANDO, FL 32819

**New Principal Place of Business:**

7711 SHADOW BOX COURT  
ORLANDO, FL 32819

**Current Mailing Address:**

7626 SAND LAKE ROAD  
ORLANDO, FL 32819

**New Mailing Address:**

7711 SHADOW BOX COURT  
ORLANDO, FL 32819

**FEI Number:** 20-3275203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAMER, CHARLES W  
1411 EDGEWATER DRIVE  
SUITE 200  
ORLANDO, FL 32804 US

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

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: LORRAINE BARRETT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BARRETT, LORRAINE  
Address: 7711 SHADOW BOX COURT  
City-St-Zip: ORLANDO, FL 32819

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: LORRAINE BARRETT

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

08/28/2012

\_\_\_\_\_  
Date