


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # P05000133209		
1. Entity Name F. REAGAN ROBERTS, P.A.		

**FILED**  
2006 OCT 16 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 208 CHARLESTON COURT NAPLES, FL 34110	Mailing Address 208 CHARLESTON COURT NAPLES, FL 34110
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10112006 REIN-P CR2E098 (11/05)

4. FEI Number <b>20-3571385</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  ROBERTS, F. REAGAN 208 CHARLESTON COURT NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code

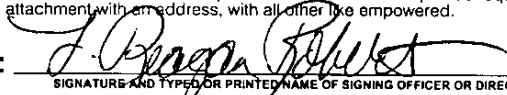
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, F. REAGAN 208 CHARLESTON COURT NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800080278458</b> <b>10/15/06--01046--009 **150.00</b>
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
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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 Ix empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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GUALARIO, LIGHT, ANDREWS & GALATI, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS

ANTHONY J. GUALARIO, CPA  
MICHAEL A. LIGHT, CPA  
PATRICIA A. ANDREWS, CPA

MEMBERS:  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

October 11, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: F. Reagan Roberts, P.A.  
EIN# 20-3571385  
Document# P05000133209

Dear Sirs,

Please find enclosed a reinstatement form for the above-mentioned corporation. Our client insists that she never received the original annual report to keep her company active. Our client would appreciate it if you could reinstate her corporation. Therefore we have included a check in the amount of \$150.00 for reinstatement. We would appreciate if you could waive the penalty.

Thank you for your assistance in this matter.

Sincerely,

  
Leslie A. Olah