

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 FEB -5 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000135861 1. Entity Name GEORGE SEUFF, P.A.		
Principal Place of Business 2503 DEL PRADO BLVD SUITE 500 CAPE CORAL, FL 33904		Mailing Address 2503 DEL PRADO BLVD SUITE 500 CAPE CORAL, FL 33904
2. Principal Place of Business - No P.O. Box # 2517 Santa Barbara Blvd Ste 11 Suite, Apt. #, etc.	3. Mailing Address 2517 Santa Barbara Blvd Suite, Apt. #, etc. Suite 11	
City & State CAPE CORAL Florida	City & State CAPE CORAL FL	4. FEI Number 20-3578736
Zip 33914 Country	Zip 33914 Country	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01292007 REIN-P CR2E098 (1/07)
6. Name and Address of Current Registered Agent SEUFF, GEORGE 2503 DEL PRADO BLVD SUITE 500 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2517 Santa Barbara Blvd Suite 11 City CAPE CORAL FL Zip Code 33914
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: 		DATE: 1/31/07
(NOTE: Registered Agent signature required when reinstating)		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
FILE NOW!!! FEE IS \$300.00		10. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SEUFF, GEORGE <input type="checkbox"/> Delete 9100 MORRIS ROAD FORT MYERS, FL 33912	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Seuff George <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26420 Lucky Stone Road Unit 200 Bonita Springs, FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700088286607 02/14/07--01010--024 **300.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 2/9/07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: 		DATE: 1/31/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE # 239-476-3337