

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000008069

**FILED**  
**Dec 12, 2012**  
**Secretary of State**

**Entity Name:** MICHAEL T. NORRIS, P.A.

**Current Principal Place of Business:**

221 SCENIC GULF DRIVE  
UNIT 320  
MIRAMAR BEACH, FL 32550 US

**Current Mailing Address:**

221 SCENIC GULF DRIVE  
UNIT 320  
MIRAMAR BEACH, FL 32550 US

**New Principal Place of Business:**

221 SCENIC GULF DRIVE  
UNIT 1030  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

221 SCENIC GULF DRIVE  
UNIT 1030  
MIRAMAR BEACH, FL 32550 US

**FEI Number:** 41-2194412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCNEESE, RICHARD S  
36468 EMERALD COAST PARKWAY  
SUITE 1201  
DESTIN, FL 32541 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:** RICHARD S. MCNEESE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** NORRIS, MICHAEL T  
**Address:** 221 SCENIC GULF DRIVE, UNIT 1030  
**City-St-Zip:** MIRAMAR BEACH, FL 32550 US

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:** MICHAEL T. NORRIS

PRES

12/12/2012

Electronic Signature of Signing Officer or Director

Date