

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 23 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10022007 REIN-P CR2E098 (1/07)

DOCUMENT # P06000018336			
1. Entity Name <b>A &amp; P ACCOUNTING &amp; COMPUTER SOLUTIONS, INC.</b>			
Principal Place of Business 2864 MAGNOLIA BLOSSOM CIRCLE CLERMONT, FL 34711		Mailing Address 2864 MAGNOLIA BLOSSOM CIRCLE CLERMONT, FL 34711	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GUTHRIE, PARVEEN</b> 2864 MAGNOLIA BLOSSOM CIRCLE CLERMONT, FL 34711		Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code <b>34711</b>	
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. <i>(Handwritten signature over the statement)</i>			
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> <span style="float: right;">(NOTE: Registered Agent signature required when reinstating)</span> <span style="float: right;">DATE</span>			
<b>FILE NOW!!! FEE IS \$150.00</b> <small>After January 1, 2008, Fee will be \$300.00</small>		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: <b>P</b> NAME: <b>GUTHRIE, ADRIAN</b> STREET ADDRESS: <b>2864 MAGNOLIA BLOSSOM CIRCLE</b> CITY-ST-ZIP: <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300111196228</b> 10/23/07--01022--014 **150.00
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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.			
<b>SIGNATURE:</b>		<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
		<small>Date</small>	<small>Daytime Phone #</small>