


2009 FOR PROFIT CORPORATION REINSTATEMENT

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| DOCUMENT # P06000018804 |  |
| 1. Entity Name LAW OFFICE OF CHRISTIAN MYER, P.A. | |

FILED
09 MAR 10 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| Principal Place of Business 12645-49TH STREET N., #100 CLEARWATER, FL 33762 | Mailing Address 12645-49TH STREET N., #100 CLEARWATER, FL 33762 |
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| 2. Principal Place of Business - No P.O. Box # 9089 4TH ST. N. Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 20648 Suite, Apt. #, etc. |
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| City & State ST. PETERSBURG, FL | City & State ST. PETERSBURG, FL |
| Zip 33702 | Country USA |
| Zip 33742 | Country USA |

01082009 REINSTATEMENT FEE \$98 (1/07)

REINSTATEMENT 08-09

4. FEI Number 20-4283045
APPLIED FOR

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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| 6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 | 7. Name and Address of New Registered Agent Name MARTIN S. JONES Street Address (P.O. Box Number is Not Acceptable) 12645-49TH ST. N. STE 300 City CLEARWATER FL Zip Code 33762 |
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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 Martin S. Jones MARTIN S. JONES 1/9/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYER, CHRISTIAN 10901 BRIGHTON BAY BLVD. NE #6109 ST PETERSBURG, FL 33716 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10851 MANGROVE BAY LANE #814 ST. PETERSBURG, FL 33716 |
| 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 |
| 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 100145417581 03/10/09--01028--012 ***300.00 |
| 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 |

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: Christian Myer 3/05/09 727-571-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #