2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000025303

Entity Name: F. JAHRA MCLAWRENCE, P.A.

FILED Oct 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

521 SOUTH ANDREWS AVENUE 524 SOUTH ANDREWS AVENUE

SUITE# 4 SUITE# 102-N

FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301

Current Mailing Address: New Mailing Address:

521 SOUTH ANDREWS AVENUE 524 SOUTH ANDREWS AVENUE SUITE# 4 SUITE# 102-N

FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301

FEI Number: 20-4339804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MCLAWRENCE, FRANTZ
521 SOUTH ANDREWS AVENUE
524 SOUTH ANDREWS AVENUE
SUITE# 4
FORT LAUDERDALE, FL 33301 US

MCLAWRENCE, FRANTZ
524 SOUTH ANDREWS AVENUE
SUITE# 102-N
FORT LAUDERDALE, FL 33301 US

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: F. J. MCLAWRENCE 10/19/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: MCLAWRENCE, FRANTZ J Name: MCLAWRENCE, FRANTZ J

Address: 521 SOUTH ANDREWS AVENUE #4 Address: 524 SOUTH ANDREWS AVENUE #102-N City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: F. J. MCLAWRENCE PRES 10/19/2007