

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000030209

**FILED**  
**Nov 20, 2012**  
**Secretary of State**

**Entity Name:** HEATHER M POOLE, P.A.

**Current Principal Place of Business:**

1284 VERDE DR  
#1  
NAPLES, FL 34105 US

**New Principal Place of Business:**

233 BACKWATER CT  
NAPLES, FL 34119 US

**Current Mailing Address:**

1284 VERDE DR  
#1  
NAPLES, FL 34105 US

**New Mailing Address:**

233 BACKWATER CT  
NAPLES, FL 34119 US

**FEI Number:** 20-4416499

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOLE, HEATHER M  
1284 VERDE DR  
#1  
NAPLES, FL 34105 US

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

POOLE, HEATHER M  
233 BACKWATER CT  
NAPLES, FL 34119 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: HEATHER M POOLE

11/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: POOLE, HEATHER M  
Address: 233 BACKWATER CT  
City-St-Zip: NAPLES, FL 34119 US

Title: D  
Name: GOMEZ, ALEJANDRO  
Address: 233 BACKWATER CT  
City-St-Zip: NAPLES, FL 34119 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: ALEJANDRO GOMEZ

D

11/20/2012

Electronic Signature of Signing Officer or Director

Date