

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000033160

1. Entity Name
ANGELA ANN KINSER, P.A.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 13 PM 12:50

Principal Place of Business
PO BOX 211954
ROYAL PALM BEACH, FL 33421

Mailing Address
PO BOX 211954
ROYAL PALM BEACH, FL 33421

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

04012008 REIN-P CR2E098 (1/07)

4. FEI Number

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BITTIKER, PATRICIA A
931 VILLAGE BLVD #905-285
WEST PALM BCH, FL 33409

7. Name and Address of New Registered Agent

Name ANGELA KINSER
Street Address (P.O. Box Number is Not Acceptable)
1148 SACHEM HEAD TERRACE
City Wellington FL Zip Code 33414

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

[Signature]

4-1-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
KINSER, ANGELA ANN
PO BOX 211954
ROYAL PALM BEACH, FL 33421

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-08 501644-1124

[Handwritten initials]