

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000033160

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Entity Name:** ANGELA ANN KINSER, P.A.

**Current Principal Place of Business:**

17045 72ND RD N  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 211954  
ROYAL PALM BEACH, FL 33421

**New Mailing Address:**

**FEI Number:** 22-3930517

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KINSER, ANGELA A PRESIDE  
17045 72ND RD  
LOXAHATCHEE, FL 33470 US

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

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:** ANGELA KINSER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** KINSER, ANGELA ANN  
**Address:** 17045 72ND RD.  
**City-St-Zip:** LOXAHATCHEE, FL 33470

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:** ANGELA KINSER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

09/30/2014

\_\_\_\_\_  
Date