2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000057218

Title:

Name:

Address:

City-St-Zip:

TREA

() Delete

MCPHERSON, STEVEN B

MIAMI, FL 33138

2000 TOWERSIDE TER#903

Entity Name: STEVEN B. MCPHERSON, P.A.

FILED Sep 30, 2009 Secretary of State

,					
Current Pr	incipal Place	of Business:	New Principal Place	New Principal Place of Business:	
2000 TOWE #903 MIAMI, FL	ERSIDE TER 33138				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
2000 TOWE #903 MIAMI, FL	ERSIDE TER 33138				
FEI Number:	20-5021267	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	ON, STEVEN E ERSIDE TER # 33138 US				
The above in the State		ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	E: STEVEN N	MCPHERSON			
Electronic Signature of Registered Agent			ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () I MCPHERSON, S 2000 TOWERSII MIAMI, FL 3313	DE TER #903	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () I MCPHERSON, S 2000 TOWERSII MIAMI, FL 3313	DE TER #903	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () I MCPHERSON, S 2000 TOWERSII MIAMI, FL 3313	DE TER #903	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: STEVEN MCPHERSON PRES 09/30/2009

() Change () Addition