


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -4 PM 1:56

DOCUMENT # P06000060480	
1. Entity Name ELIZABETH BURR, P.A.	

Principal Place of Business 1202 HOT SPRINGS POINT ENGLEWOOD, FL 34223	Mailing Address 1202 HOT SPRINGS POINT ENGLEWOOD, FL 34223
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2. Principal Place of Business - No P.O. Box # 214 FRY TER.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT Charlotte	City & State
Zip 33952	Country Charlotte



05072008 REIN-P CR2E098 (1/07)

4. FEI Number 204784931		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JACQUELINE M. MOODY, P.A. 8429 FOREST HILLS DRIVE #304 CORAL SPRINGS, FL 33065		
7. Name and Address of New Registered Agent Name: ELIZABETH BURR Street Address (P.O. Box Number is Not Acceptable): 214 FRY TERRACE City: PORT Charlotte FL Zip Code: 33952		

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: Elizabeth Burr DATE: 5/5/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURR, ELIZABETH 1202 HOT SPRINGS POINT ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH BURR 214 FRY TERRACE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURR, ELIZABETH 1202 HOT SPRINGS POINT ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH BURR 214 FRY TERRACE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURR, ELIZABETH 1202 HOT SPRINGS POINT ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH BURR 214 FRY TERRACE PORT CHARLOTTE, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURR, ELIZABETH 1202 HOT SPRINGS POINT ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	E. BURR 214 FRY TERRACE PORT CHARLOTTE, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>05/5/08</u> <input type="checkbox"/> Delete REINSTATEMENT 07-08	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Elizabeth Burr DATE: 5/5/08 DAYTIME PHONE: 941-855-1142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR