


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000071515		
1. Entity Name GEIGER & ASSOCIATES PUBLIC RELATIONS, INC.		

FILED

07 OCT 10 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1846 JUNWIN CT TALLAHASSEE, FL 32308	Mailing Address 1846 JUNWIN CT TALLAHASSEE, FL 32308
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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

REINSTATEMENT

002E098 (1/07)

4. FEI Number 20-5059950	Applied For <input checked="" type="checkbox"/> Yes Not Applicable <input type="checkbox"/> No
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HENRY, BUCHANAN, HUDSON, SUBER & CARTER, P C/O LAURA BETH FARAGASSO 2508 BARRINGTON CIRCLE TALLAHASSEE, FL 32308	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 <i>Laura Beth Faragasso</i> Signature, typed or printed name of registered agent and date if applicable.	LAURA BETH FARAGASSO DATE 10-08-07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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P/V/S/C
DEBORAH GEIGER
1846 JUNWIN COURT
TALLAHASSEE, FL 32308

T/D
SHARON FREDD
1846 JUNWIN COURT
TALLAHASSEE, FL 32308

800110955048
10/18/07--01040--015 **150.00

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: <i>Deborah Geiger</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	10/8/07 Date
	850-942-6685 Daytime Phone #