2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 23, 2007
Secretary of State

DOCUMENT# P06000085606

Entity Name: COLIN D. COCHRANE P.A.

Current Principal Place of Business:

725 NW 19 STREET
#102
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

1133 SW 158TH AVENUE
PEMBROKE PINES, FL 33027

Current Mailing Address:

725 NW 19 STREET
#102
FORT LAUDERDALE, FL 33311

New Mailing Address:

1133 SW 158TH AVENUE
PEMBROKE PINES, FL 33027

FEI Number: 56-2626154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COCHRANE, COLIN D
725 NW 19 STREET
#102
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

COCHRANE, COLIN D
1133 SW 158TH AVENUE
PEMBROKE PINES, FL 33027 US

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: COLIN D COCHRANE 10/23/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COCHRANE, COLIN D
Address: 725 NW 19 STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COCHRANE, COLIN D
Address: 1133 SW 158TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VP ( ) Change (X) Addition
Name: PUSEY, CLIFTON L A
Address: 1133 SW 158TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33027

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.

SIGNATURE: COLIN D COCHRANE P 10/23/2007
Electronic Signature of Signing Officer or Director Date