## 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000105057

Entity Name: ANITA S. ZAHN, P.A.

**FILED** Nov 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

138 LIME ROAD NE 21 EDEN LANE

LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

**Current Mailing Address: New Mailing Address:** 

138 LIME ROAD NE 21 EDEN LANE

LAKE PLACID, FL 33852 LAKE PLACID, FL 33852

FEI Number: 20-5349670 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCCOLLUM, JAMES F ZAHN, ANITA S 129 S COMMERCE AVE 21 EDENN LANE

SEBRING, FL 33870 LAKE PLACID, FL 33852 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: ANITA S ZAHN 11/13/2009

> 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:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PVPD Title: () Delete Title: **PVPD** (X) Change ( ) Addition

ZAHN, ANITA S ZAHN, ANITA S Name: Name: 138 LIME ROAD NE 21 EDEN LANE Address: Address:

City-St-Zip: LAKE PLACID, FL 33852 US City-St-Zip: LAKE PLACID, FL 33852 US

Title: Title: ST () Delete (X) Change ( ) Addition

Name: ZAHN, ANITA S Name: ZAHN, ANITA S 138 LIME ROAD NE Address: 21 EDEN LANE Address:

LAKE PLACID, FL 33852 US LAKE PLACID, FL 33852 US City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: ANITA S ZAHN 11/13/2009