


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P06000115176																					
1. Entity Name LINDA J. RYAN, INC.																					
Principal Place of Business 1400 NE 57TH CT., #307 FT. LAUDERDALE, FL 33334			Mailing Address 1400 NE 57TH CT., #307 FT. LAUDERDALE, FL 33334																		
2. Principal Place of Business - No P.O. Box # 837 S.E. 9TH STREET Suite, Apt. #, etc.		3. Mailing Address 837 S.E. 9TH STREET Suite, Apt. #, etc.																			
City & State DEERFIELD BEACH, FL Zip 33441 County BROWARD		City & State DEERFIELD BEACH, FL Zip 33441 County BROWARD		4. FEI Number 20-5571028 Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent RYAN, LINDA J. 1400 NE 57TH CT., #307 FT. LAUDERDALE, FL 33334				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 812 CYPRESS BOULEVARD, #404 City POMPANO BEACH FL Zip Code 33069																	
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 <u>Linda J. Ryan</u> <u>LINDA J. RYAN</u> <u>11-16-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																					
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.																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">D RYAN, LINDA J. <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1400 NE 57TH CT., #307</td> </tr> <tr> <td>STREET ADDRESS</td> <td>FT. LAUDERDALE, FL 33334</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	D RYAN, LINDA J. <input type="checkbox"/> Delete	NAME	1400 NE 57TH CT., #307	STREET ADDRESS	FT. LAUDERDALE, FL 33334	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">812 CYPRESS BOULEVARD, #4040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>812 CYPRESS BOULEVARD, #4040</td> </tr> <tr> <td>STREET ADDRESS</td> <td>POMPANO BEACH, FL 33069</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>			TITLE	812 CYPRESS BOULEVARD, #4040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	812 CYPRESS BOULEVARD, #4040	STREET ADDRESS	POMPANO BEACH, FL 33069	CITY-ST-ZIP	
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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: <u>Linda J. Ryan</u> <u>LINDA J. RYAN</u> <u>11-16-07</u> <u>234-9677</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					