

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000148161

1. Entity Name  
DOUGLASS ALAN KREIS, P.A.



Principal Place of Business  
2228 OXFORD PLACE  
PENSACOLA, FL 32503

Mailing Address  
2228 OXFORD PLACE  
PENSACOLA, FL 32503

2. Principal Place of Business - No P.O. Box #  
1550 N. 12<sup>TH</sup> AVE  
Suite, Apt. #, etc.

3. Mailing Address  
1550 N. 12<sup>TH</sup> AVE  
Suite, Apt. #, etc.

City & State  
PENSACOLA, FL  
Zip 32503 Country

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PENSACOLA, FL  
Zip 32503 Country



REINSTATEMENT 08

4. FEI Number  
20-5957575

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREIS, DOUGLASS A ESQ.  
2228 OXFORD PLACE  
PENSACOLA, FL 32503

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1550 N. 12<sup>TH</sup> AVE

City PENSACOLA

FL

Zip Code 32503

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, 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

TITLE P  
NAME KREIS, DOUGLASS A ESQ.  
STREET ADDRESS 2228 OXFORD PLACE  
CITY-ST-ZIP PENSACOLA, FL 32503 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 1550 N. 12<sup>TH</sup> AVE  
CITY-ST-ZIP PENSACOLA, FL 32503 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 500138326675  
CITY-ST-ZIP 12/01/08--01044--008 \*\*\$150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/08

Date

850 436-440

Daytime Phone #