## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000089316

Entity Name: LAW OFFICE OF BETH E. ALLEN, P.A.

FILED Oct 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1486 SW GILROY ROAD 1221 DELAWARE AVENUE PORT SAINT LUCIE, FL 34953 FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

1486 SW GILROY ROAD 1221 DELAWARE AVENUE PORT SAINT LUCIE, FL 34953 FORT PIERCE, FL 34950

FEI Number: 26-0666972 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:

ALLEN, BETH E

1486 SW GILROY ROAD

PORT SAINT LUCIE, FL 34953 US

ALLEN, BETH E

12323 SW KEATING DRIVE

PORT SAINT LUCIE, FL 34987 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: BETH E. ALLEN 10/29/2008

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:

 Name:
 ALLEN, BETH E
 Name:
 ALLEN, BETH E

 Address:
 1486 SW GILROY ROAD
 Address:
 1221 DELAWARE AVENUE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34953
 City-St-Zip:
 FORT PIERCE, FL 34950

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

Name: Name: HUNT, HILARY A

 Name:
 Name:
 HON1, HILARY A

 Address:
 Address:
 1221 DELAWARE AVENUE

 City-St-Zip:
 City-St-Zip:
 FORT PIERCE, FL 34950

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: BETH E. ALLEN P 10/29/2008