

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000105700

1. Entity Name  
RELIABLE LITIGATION SOLUTIONS, P.A.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN -9 PM 2:25

Principal Place of Business  
3604 SOUTH MACDILL AVE 205  
TAMPA, FL 33629

Mailing Address  
3604 SOUTH MACDILL AVE 205  
TAMPA, FL 33629

400156952464  
06/09/09--01040--007 \*\*317.50



2. Principal Place of Business - No P.O. Box #  
5324 Twin Creeks Drive

3. Mailing Address  
5324 Twin Creeks Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05112009 REIN-P CR2E098 (1/07)

City & State  
Valrico, Florida

City & State  
Valrico, Florida

4. FEI Number  
26-1706535

Applied For  
Not Applicable

Zip  
33598

Country  
USA

Zip  
33598

Country  
USA

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

## 6. Name and Address of Current Registered Agent

RUSSELL, DAWN M  
3604 SOUTH MACDILL AVE 205  
TAMPA, FL 33629

## 7. Name and Address of New Registered Agent

Name  
Brian F. Stayton, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
Marlowe, McNabb & Stayton, P.A.  
1560 W. Cleveland Street  
City Tampa FL Zip Code 33606

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

5-11-9

FILE NOW!!! FEE IS \$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  
NAME DP  
STREET ADDRESS RUSSELL, DAWN M  
CITY-ST-ZIP 3604 SOUTH MACDILL AVE 205  
TAMPA, FL 33629 ☒ 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 Dawn M. Russell, CEO ☐ Change ☐ Addition  
STREET ADDRESS 1540 Twin Creeks Dr.  
CITY-ST-ZIP Valrico, FL 33598

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

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: Dawn M. Russell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/09

Date

813-831-8100

Daytime Phone #

REINSTATEMENT

B 6/12/09  
8-09