

# 2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000011183

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Entity Name:** BARBARA TWINE-THOMAS, P.A.

**Current Principal Place of Business:**

501 EAST KENNEDY BLVD.  
SUITE 775  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

501 EAST KENNEDY BLVD.  
SUITE 775  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** 26-1848993      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TWINE-THOMAS, BARBARA  
501 EAST KENNEDY BLVD.  
SUITE 775  
TAMPA, FL 33602 US

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

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: BARBARA TWINE THOMAS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TWINE-THOMAS, BARBARA  
Address: 501 EAST KENNEDY BLVD., SUITE 775  
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 all other like empowered.

SIGNATURE: BARBARA TWINE THOMAS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS.

09/30/2014

\_\_\_\_\_  
Date