## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000039117

Entity Name: CASEY STRIPLING P.A.

City-St-Zip:

JACKSONVILLE, FL 32202

FILED Oct 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
24 N. MARKE <sup>*</sup> SUITE 404 JACKSONVILI		2			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
24 N. MARKE <sup>T</sup> SUITE 404 JACKSONVILI		2			
FEI Number: 43-2	2082764	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Ad	dress of Cเ	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
NEAL, BRYAN 24 N. MARKE 404 JACKSONVILI	T ST.	2 US			
The above nar in the State of		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:	BRYAN NE	EAL			
	Electronic	Signature of Registered Age	ent	Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	( ) RIPLING, CLIF N. MARKET S		Title: ( Name: Address:	) Change ( ) Addition	

City-St-Zip:

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: CLIFFORD STRIPLING P 10/20/2009