

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000052633

Entity Name: JAMES VISCOME, P.A.

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5732 MUIRFIELD VILLAGE CIRCLE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5732 MUIRFIELD VILLAGE CIRCLE  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 26-2702617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VISCOME, JAMES  
5732 MUIRFIELD VILLAGE CIRCLE  
LAKE WORTH,, FL 33463 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: JAMES VISCOME

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VISCOME, JAMES  
Address: 5732 MUIRFIELD VILLAGE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

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: JAMES VISCOME

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

PRES

10/04/2011

\_\_\_\_\_  
Date