

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000075852

**FILED**  
**Oct 18, 2010**  
**Secretary of State**

**Entity Name:** ANGELA HOMAN LESTER, P.A.

**Current Principal Place of Business:**

8151 SE 180 STREET  
OXFORD, FL 34484

**New Principal Place of Business:**

**Current Mailing Address:**

8151 SE 180 STREET  
OXFORD, FL 34484

**New Mailing Address:**

15785 SE 105 TERRACE  
SUMMERFIELD, FL 34491

**FEI Number:** 26-3169079

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LESTER, ANGELA  
8151 SE 180 STREET  
OXFORD, FL 34484 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: ANGELA LESTER

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LESTER, ANGELA  
Address: 8151 SE 180 STREET  
City-St-Zip: OXFORD, FL 34484

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: ANGELA LESTER

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

P

10/18/2010

\_\_\_\_\_  
Date