

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000004708

**Entity Name:** JAMES L. MADSEN, PA

**FILED**  
**Jan 11, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

435 GORDONIA ROAD  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

435 GORDONIA ROAD  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 26-4065021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MADSEN, JAMES  
435 GORDONIA ROAD  
NAPLES, FL 34108 US

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

MADSEN, JAMES L  
435 GORDONIA ROAD  
NAPLES, FL 34108 US

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 L. MADSEN

01/11/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MADSEN, JAMES  
Address: 435 GORDONIA ROAD  
City-St-Zip: NAPLES, FL 34108

Title: DVP  
Name: MADSEN, SANDRA  
Address: 435 GORDONIA ROAD  
City-St-Zip: NAPLES, FL 34108

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 L. MADSEN

DP

01/11/2014

Electronic Signature of Signing Officer or Director

Date