

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000015609

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** FINNEGANS WAKE OF ST. AUGUSTINE INC.

**Current Principal Place of Business:**

4255 A1A SOUTH  
SUITE 11, PMB 155  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

5545 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**Current Mailing Address:**

4255 A1A SOUTH  
SUITE 11, PMB 155  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

5545 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**FEI Number:** 26-4407098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMS, SHAMUS S  
4255 A1A SOUTH  
SUITE 11, PMB 155  
ST. AUGUSTINE, FL 32080 US

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

HARRIS, ADRIENNE  
5545 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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: ADRIENNE HARRIS

03/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARRIS, ADRIENNE  
Address: 5545 A1A SOUTH  
City-St-Zip: ST. AUGUSTINE, FL 32080 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: ADRIENNE HARRIS

PRES

03/02/2011

Electronic Signature of Signing Officer or Director

Date