

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000088809

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** LAW OFFICE OF LINNES FINNEY, JR., P.A.

**Current Principal Place of Business:**

10960 PINE CREEK LANE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

10960 PINE CREEK LANE  
PORT ST. LUCIE, FL 34986 UN

**Current Mailing Address:**

10960 PINE CREEK LANE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 45-3583808

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FINNEY, LINNES JR.ESQ.  
10960 PINE CREEK LANE  
PORT ST. LUCIE, FL 34986 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:** LINNES FINNEY, JR.

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PSTD  
**Name:** FINNEY, LINNES JR.  
**Address:** 10960 PINE CREEK LANE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

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:** LINNES FINNEY, JR.

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

PRES

10/02/2012

\_\_\_\_\_  
Date