

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000091252

**FILED**  
**Sep 30, 2014**  
**Secretary of State**

**Entity Name:** L.M. BIGGS, P.A.

**Current Principal Place of Business:**

1228 CHELMSFORD COURT  
NAPLES, FL 34104

**New Principal Place of Business:**

5624 HAMMOCK ISLES DR.  
NAPLES, FL 34104

**Current Mailing Address:**

PO BOX 413005  
NAPLES, FL 34101

**New Mailing Address:**

PO BOX 413005  
NAPLES, FL 34119

**FEI Number:** 26-0735240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIGGS, LEWRENE M  
1228 CHELMSFORD COURT  
NAPLES, FL 34104 US

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

BIGGS-HEPNER, LEWRENE M  
5624 HAMMOCK ISLES DR.  
NAPLES, FL 34119 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: LEWRENE M. BIGGS-HEPNER

09/30/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BIGGS-HEPNER, LEWRENE M  
Address: PO BOX 413005  
City-St-Zip: NAPLES, FL 34101

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: LEWRENE M. BIGGS-HEPNER

P

09/30/2014

Electronic Signature of Signing Officer or Director

Date