

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000038455

**FILED**  
**Oct 04, 2014**  
**Secretary of State**

**Entity Name:** JASON GASPAR APRILE, P.A.

**Current Principal Place of Business:**

3001 EXECUTIVE DRIVE  
250  
CLEARWATER, FL 33762 UN

**New Principal Place of Business:**

4401 W KENNEDY BLVD  
100  
TAMPA, FL 33609 UN

**Current Mailing Address:**

210 SOUTH HALE AVE  
TAMPA, FL 33609 UN

**New Mailing Address:**

**FEI Number:** 45-5139017

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

APRILE, JASON G  
210 SOUTH HALE AVE  
TAMPA, FL 33609 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: JASON G APRILE

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: APRILE, JASON G  
Address: 210 SOUTH HALE AVE  
City-St-Zip: TAMPA, FL 33609 UN

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: JASON G APRILE

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

P

10/04/2014

\_\_\_\_\_  
Date