

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 19 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10162007 REIN-P CR2E098 (1/07)

DOCUMENT # P93000007373 1. Entity Name DR. DIANNE M. FERNANDEZ & ASSOCIATES, P.A.					
Principal Place of Business 4800 4TH ST N ST PETERSBURG, FL 33703			Mailing Address 4800 4TH ST N ST PETERSBURG, FL 33703		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3161995	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SOCKOL, DAVID PLAZA TOWER, SUITE 1406 111 SELONO AVE, N.E. SAINT PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 10/16/07 <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPST FERNANDEZ, DIANNE M 4800 4TH ST N ST PETERSBURG, FL 33703 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="border: 1px solid black; padding: 2px; text-align: center;"> 900111016249 10/19/07-01055-026 **750.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			10/16/07 7275281133 <small>Date Daytime Phone #</small>		

10/22aw