

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000002305

**FILED**  
**Oct 14, 2009**  
**Secretary of State**

**Entity Name:** FIRST FINANCIAL SERVICES OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

3745 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

3745 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 65-0420750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OAKS, DAVID K ESQ  
252 W. MARION AVE.  
PUNTA GORDA, FL 33950 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:** STEFI LEIBMAN

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP ( ) Delete  
**Name:** BENNETT, LARRY J  
**Address:** 264 ROTONDA CR.  
**City-St-Zip:** ROTONDA, FL 33947

**Title:** DV ( ) Delete  
**Name:** SMITH, BRUCE T  
**Address:** 3745 TAMIAMI TRAIL  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** DST ( ) Delete  
**Name:** LEIBMAN, STEFI  
**Address:** 1080 BAL HARBOR #2B  
**City-St-Zip:** PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

**SIGNATURE:** STEFI LEIBMAN

Electronic Signature of Signing Officer or Director

DST

10/14/2009

Date