


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P94000081928</b> 1. Entity Name <b>GEORGE LINSEY, O.D., P.A.</b>					
Principal Place of Business <b>13930 SHADY SHORES DRIVE TAMPA, FL 33613</b>			Mailing Address <b>13930 SHADY SHORES DRIVE TAMPA, FL 33613</b>		
2. Principal Place of Business <b>12964 N. Dale Mabry Hwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>12964 N. Dale Mabry Hwy</b> Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>59-3276764</b>	
Zip <b>33618</b>		Country <b>Hillsborough</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LINSEY, GEORGE 13930 SHADY SHORES DRIVE TAMPA, FL 33613</b>				7. Name and Address of New Registered Agent  Name <b>12964 N. Dale Mabry Hwy</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Tampa</b> State <b>FL</b> Zip Code <b>33618</b>	
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 <u>George Linsey</u> DATE <u>10/21/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINSEY, GEORGE 13930 SHADY SHORES DRIVE TAMPA, FL 33613	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <u>George Linsey</u> DATE <u>10/22/04</u> 813960-8896 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

FILED

04 OCT 22 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10212004 REIN-P CR2E098 (6/04)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City Tampa State FL Zip Code 33618

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 George Linsey DATE 10/21/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
☐ Change ☐ Addition  
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 10/22/04--01059--001 \*\*150.00  
 10/22/04  
☐ Change ☐ Addition

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