


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

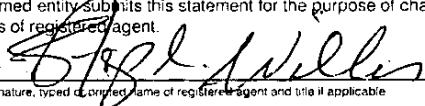
DOCUMENT # P96000014925		
1. Entity Name STEPHEN C. WILLIS, P.A.		

Principal Place of Business 1407 E PIEDMONT DR SUITE B TALLAHASSEE, FL 32312 US	Mailing Address 1407 E PIEDMONT DR SUITE B TALLAHASSEE, FL 32312 US
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2. Principal Place of Business 2015 Centre Pointe Blvd. Suite, Apt. #, etc. Suite 103	3. Mailing Address ← Same Suite, Apt. #, etc.
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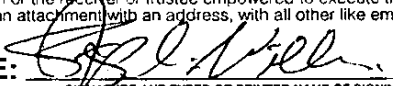
City & State Tallahassee, FL	City & State
Zip 32308	Country USA

6. Name and Address of Current Registered Agent WILLIS, STEPHEN C 1407 E PIEDMONT DRIVE TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2015 Centre Pointe Blvd., Ste. 103 City Tallahassee FL Zip Code 32308	
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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 12-21-04

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILLIS, STEPHEN C 2818-A KILKIERANE DRIVE TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P STEPHEN C. WILLIS 2015 Centre Pointe Blvd. Ste. 103 Tallahassee, FL 32308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS LIND, JENNIFER 1407 E PIEDMONT DR SUITE B TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPS WILLIS, Belinda 2015 Centre Pointe Blvd. Ste. 103 Tallahassee, FL 32308 <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
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
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
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

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:  STEPHEN C. WILLIS	DATE: 12-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED  
04 DEC 21 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12212004 REIN-P CR2E098 (6/04)

4. FEI Number 59-3411544	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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800043567728  
12/15/04 01002 024 32308

☐ Change ☐ Addition

Daytime Phone #