

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000058569

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** LAURENCE M. ANDRESS, P.A.

**Current Principal Place of Business:**

1570 MADRUGA AVE STE 311  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

1541 SUNSET DR STE 201  
CORAL GABLES, FL 33143

**Current Mailing Address:**

1570 MADRUGA AVE STE 311  
CORAL GABLES, FL 33146

**New Mailing Address:**

PO BOX 144340  
CORAL GABLES, FL 33114

**FEI Number:** 65-0680636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDRESS, LAURENCE M  
1570 MADRUGA AVE STE 311  
CORAL GABLES, FL 33146 US

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

ANDRESS, LAURENCE M  
1541 SUNSET DR STE 201  
CORAL GABLES, FL 33143 US

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:** LAURENCE M. ANDRESS

04/25/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ANDRESS, LAURENCE M  
**Address:** 1541 SUNSET DR STE 201  
**City-St-Zip:** CORAL GABLES, FL 33143

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:** LAURENCE M. ANDRESS

P

04/25/2010

Electronic Signature of Signing Officer or Director

Date