


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000049051 1. Entity Name JEFFREY E. APPEL, P.A.	
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FILED
07 FEB 23 PM 3:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5116 SOUTH LAKELAND DR LAKELAND, FL 33813	Mailing Address P O BOX 6455 LAKELAND, FL 33807
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2. Principal Place of Business - No P.O. Box # 625 Commerce Dr.	3. Mailing Address P.O. Box 6097
Suite, Apt. #, etc. Suite 103	Suite, Apt. #, etc.

REINSTATEMENT 02/20/07 RELEAF 02/20/07 098 (1/07) 06-07

City & State Lakeland FL	City & State Lakeland FL	4. FEI Number 59-3435234	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33813	Country US	Zip 33807	Country US

6. Name and Address of Current Registered Agent APPEL, JEFFREY E 5116 SOUTH LAKELAND DR LAKELAND, FL 33813	7. Name and Address of New Registered Agent Name Jeffrey E. Appel Street Address (P.O. Box Number is Not Acceptable) 625 Commerce Dr., Ste 103 City Lakeland FL Zip Code 33813
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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: *Jeffrey E. Appel* DATE: 2/20/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$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	P APPEL, JEFFERY E 5116 SOUTH LAKELAND DR LAKELAND, FL 33813	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jeffrey E. Appel 625 Commerce Dr., Ste 103 Lakeland FL 33813
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: *Jeffrey E. Appel* DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #