

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000063113

**FILED**  
**Oct 10, 2010**  
**Secretary of State**

**Entity Name:** RETIREMENT PLAN SPECIALISTS, INC.

**Current Principal Place of Business:**

815 EYRIE DRIVE  
SUITE 2  
OVIEDO, FL 32765 US

**New Principal Place of Business:**

**Current Mailing Address:**

815 EYRIE DRIVE  
SUITE 2  
OVIEDO, FL 32765 US

**New Mailing Address:**

**FEI Number:** 59-3458014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURNER, SANDRA R  
91 TARPON CIRCLE  
WINTER SPRINGS, FL 32708 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:** SANDRA R TURNER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** TURNER, SANDRA R  
**Address:** 815 EYRIE DRIVE SUITE 2  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** SPARKS, JEFFREY T  
**Address:** 815 EYRIE DRIVE SUITE 2  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** CONRAD, JUDY  
**Address:** 815 EYRIE DRIVE SUITE 2  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** TURNER, LANNING H  
**Address:** 815 EYRIE DRIVE SUITE 2  
**City-St-Zip:** OVIEDO, FL 32765

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:** SANDRA R TURNER

Electronic Signature of Signing Officer or Director

PRES

10/10/2010

Date