

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000009125	
1. Entity Name CLIENT FIRST CORPORATION	



FILED

06 MAY 10 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 6763 TRAIL RIDGE DR LAKELAND, FL 33813	Mailing Address 6763 TRAIL RIDGE DR LAKELAND, FL 33813
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2. Principal Place of Business 2434 BRITANNIA ROAD Suite, Apt. #, etc.	3. Mailing Address 2434 BRITANNIA ROAD Suite, Apt. #, etc.
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City & State SARASOTA, FL	City & State SARASOTA, FL
Zip 34231-4916	Zip 34231-4916
Country	Country

04132006 REIN-P CR2E098 (11/05) **05-06**

4. FEI Number
59-3491842

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

6. Name and Address of Current Registered Agent NOWAKOWSKI, GLENDA 6763 TRAIL RIDGE DR LAKELAND, FL 33813	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2434 BRITANNIA ROAD City SARASOTA FL Zip Code 34231-4916	
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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: Glenda Nowakowski Glenda Nowakowski 4/19/06
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	PTS NOWAKOWSKI, GLENDA 6763 TRAIL RIDGE DR LAKELAND, FL 33813 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2434 BRITANNIA ROAD SARASOTA, FL 34231-4916
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
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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 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: Glenda Nowakowski Glenda Nowakowski 4/19/06 863-581-9902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #