2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000038170				FILED
1. Entity Name GONZALEZ LEGAL SERVICES, P.A.				
	·			06 NOV 30 PM 2: 44
Principal Place	e of Business	Mailing Address		CONCIANT OF STATE
238 E. DAVIS	BLVD.	238 E. DAVIS BLVD.		TALLAHASSEE, FLORIDA
SUITE 310	33606 US	SUITE 310 Tampa, FL 33606 US	:	
TAMPA, FL 33606 US TAMPA, FL 33606 US				I LEGICON THE FRONT COMMONENT ENTER COMMONENT WAS LINEAU TO BE ARREST OF THE FOREIGN OF THE FORE
2. Principal Place of Business		3. Mailing Address 708 Jackson Street		
708 Jackson Street		Suite, Apt. #, etc.		
				11292006 REINP CR2E098 (11/05) 076
City & State		City & State		4. FEI Number Applied For - 59-3553135 Not Applicable
Zipampa, Flogalda		Tampa, Florida Zip Country		
33602 Hillsborough 33602 Hillsborough Certificate of Status Desired Fee Required				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name				
GONZALEZ HENRY GONZA				onzalez, Henry
238 E. DAVIS BLVD. SUITE 310 TAMPA, FL 33606			Street A	ddress (P.O. Box Number is Not Acceptable)
(AIVIPA, FI	L 33000		708	3 Jackson Street
			City	Fampa FL 33602
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 Henry Gonzalez Survey Torus (NOTE: Registered Agent algorithms reinstating) DATE DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alguature requires from reinstating) DATE				
FILE NOWIN FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	D X Change Addition
NAME STREET ADDRESS	GONZALEZ, HENRY 238 E. DAVIS BLVD. SUITE 310		NAMÉ Street address	Gonzalez, Henry
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP	708 Jackson Street Tampa, Florida, 33602
TITLE		☐ Delete	IUTE	Change Addition
NAME			NAME Street adoress	000082181410 11/30/0601050006 **150.00
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	11/30/0601050006 **150.00
TITLE		☐ Delete	TIFLE	☐ Change ☐ Addition
NAME	b.		NAME.	
STREET ADDRESS CITY-ST-ZIP	W/10/11	1	STREET ADDRESS CITY-ST-ZIP	
TITLE	- P 9010	☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	
CITY-S7-ZIP		☐ Detete	TITLE	☐ Change ☐ Addition
NAME		T Delega	NAME	Control Control
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE NAME	Change Addition
TO THE				
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
CITY-ST-ZIP	certify that the information supplied with to on this report or supplemental report is	this filing does not qualify for true and accurate and that my	CITY-ST-ZIP	contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director
12. I hereby indicated of the co-	rporation or the receiver or trustee empored, or on an attachment with an address, t	owered to execute this report a with all other like empowered.	the exemptions of signature shall his required by Ch	contained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
12. I hereby indicated of the co-	rporation or the receiver or trustee empored, or on an attachment with an address, t	owered to execute this report a with all other like empowered.	the exemptions of signature shall his required by Ch	apter 607, Bonda Statutes; and mariny name appears in Block 10 or Block 11 ii
t2. I hereby indicated of the co changed	rporation or the receiver or trustee empt, or on an attachment with an address, where the state of the state	owered to execute this report a with all other like empowered.	CITY-ST-ZIP the exemptions of a signature shall it is required by Charles	contained in Checker 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if