

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000038170

1. Entity Name
GONZALEZ LEGAL SERVICES, P.A.



FILED

06 NOV 30 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11292006 REIN:P... CR2E098 (11/05) 06

Principal Place of Business
**238 E. DAVIS BLVD.
SUITE 310
TAMPA, FL 33606 US**

Mailing Address
**238 E. DAVIS BLVD.
SUITE 310
TAMPA, FL 33606 US**

2. Principal Place of Business
708 Jackson Street

3. Mailing Address
708 Jackson Street

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33602

Country
Hillsborough

4. FEI Number
59-3553135

Applied For
☐ Not Applicable

6. Name and Address of Current Registered Agent

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

**GONZALEZ, HENRY
238 E. DAVIS BLVD. SUITE 310
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
Gonzalez, Henry

Street Address (P.O. Box Number is Not Acceptable)
708 Jackson Street

City
Tampa

FL Zip Code
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** *Henry Gonzalez* **11/29/06**

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

**FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> Delete | TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GONZALEZ, HENRY | | NAME Gonzalez, Henry | |
| STREET ADDRESS 238 E. DAVIS BLVD. SUITE 310 | | STREET ADDRESS 708 Jackson Street | |
| CITY-ST-ZIP TAMPA, FL 33606 | | CITY-ST-ZIP Tampa, Florida, 33602 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS 000082181410 | |
| CITY-ST-ZIP | | CITY-ST-ZIP 11/30/06--01050--006 **150.00 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: **Henry Gonzalez, Director** *Henry Gonzalez* **11/29/06 (813) 221-2505**

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