

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000102745

Entity Name: POSNER & ASSOCIATES, INC.

FILED
Oct 24, 2008
Secretary of State

Current Principal Place of Business:

10177 SPYGLASS WAY
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

10177 SPYGLASS WAY
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 65-0884621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSNER, NORMAN
10177 SPYGLASS WAY
BOCA RATON, FL 33498 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: NORMAN POSNER

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POSNER, NORMAN
Address: 10177 SPYGLASS WAY
City-St-Zip: BOCA RATON, FL 33498

Title: S () Delete
Name: POSNER, MONA
Address: 10177 SPYGLASS WAY
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMAN POSNER

PRES

10/24/2008

Electronic Signature of Signing Officer or Director

Date