



# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000104283</b> 1. Entity Name JENNIFER L. HODGES, P.A.		
Principal Place of Business 9703 S. DIXIE HWY., #10 MIAMI, FL 33156		Mailing Address 9703 S. DIXIE HWY., #10 MIAMI, FL 33156
2. Principal Place of Business - No P.O. Box # <i>9703 S. Dixie Hwy #204E</i> Suite, Apt. #, etc.	3. Mailing Address <i>9703 S. Dixie Hwy #204E</i> Suite, Apt. #, etc.	
City & State <i>Miami FL</i> Zip <i>33156</i>	City & State <i>Miami FL</i> Zip <i>33156</i>	4. FEI Number 65-0890279
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable
6. Name and Address of Current Registered Agent  HODGES, JENNIFER L 9703 S. DIXIE HWY., #10 MIAMI, FL 33156		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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: <i>Jennifer L. Hodges, Pres.</i> <span style="float: right;">10/30/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HODGES, JENNIFER L 9130 S. DADELAND BLVD., STE. 1500 MIAMI, FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HODGES, JENNIFER L. 9703 S. Dixie Hwy #204E Miami FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800137582818 11/03/08--01073--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <i>Jennifer L. Hodges, Pres. Jennifer L. Hodges</i> <span style="float: right;">10/30/08 3053212359</span> <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/4/08