2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000108067

FILED Oct 01, 2009 Secretary of State

Entity Name: DARYL LYNCHARD, C.P.A., PROFESSIONAL ASSOCIATION

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
8160 NAVARRE PKWY NAVARRE, FL 32566				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
PO BOX 5248 NAVARRE, FL 32566				
FEI Number: 59-3549627	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
LYNCHARD, DARYL D 8160 NAVARRE PARKW NAVARRE, FL 32566	/AY US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DARYL D	LYNCHARD			
Electronic Signature of Registered Agent		ent	Date	
	3(2)(b), F.S., the corporation did no groust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD (Name: LYNCHARD, D Address: 8160 NAVARRI City-St-Zip: NAVARRE, FL	E PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: DARYL D LYNCHARD PD 10/01/2009