

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S69166

FILED
Oct 16, 2009
Secretary of State

Entity Name: WORKERS COMPENSATION LEGAL CENTER, INC.

Current Principal Place of Business:

4491 S. STATE ROAD 7
PENTHOUSE #1
FT. LAUDERDALE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

4491 S. STATE ROAD 7
PENTHOUSE 1
FT. LAUDERDALE, FL 33314 US

New Mailing Address:

FEI Number: 65-0329694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEAVY, LAURENCE F. ES
4491 S. STATE ROAD 7
PENTHOUSE 1
FT. LAUDERDALE, FL 33314 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: LAURENCE LEAVY

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: D () Delete
Name: LEAVY, LAURENCE F
Address: 4491 S. STATE ROAD 7 PENTHOUSE 1
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LAURENCE LEAVY

Electronic Signature of Signing Officer or Director

OWNE

10/16/2009

Date