

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# V03233

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** SHALLOWAY & SHALLOWAY, P.A.

**Current Principal Place of Business:**

1400 CENTREPARK BLVD  
SUITE 700  
W PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 CENTREPARK BLVD  
SUITE 700  
W PALM BEACH, FL 33401 US

**New Mailing Address:**

**FEI Number:** 65-0303115

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SHALLOWAY, G. MARK  
1400 CENTREPARK BLVD  
SUITE 700  
W PALM BEACH, FL 33401 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:** G. MARK SHALLOWAY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SHALLOWAY, G. MARK PRES  
**Address:** 1400 CENTREPARK BLVD STE 700  
**City-St-Zip:** W. PALM BEACH, FL 33401

**Title:** STD  
**Name:** SHALLOWAY, C. MICHAEL VP,SEC  
**Address:** 1400 CENTREPARK BLVD STE 700  
**City-St-Zip:** W PALM BEACH, FL 33401

I hereby 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 all other like empowered.

**SIGNATURE:** G. MARK SHALLOWAY

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

02/24/2011

\_\_\_\_\_  
Date