


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V04744		
1. Entity Name OSSI & BUTLER, P.A.		

Principal Place of Business 1506 PRUDENTIAL DR JACKSONVILLE, FL 32207	Mailing Address 7006 ATLANTIC BLVD. JACKSONVILLE, FL 32211 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
OSSI, MICHAEL A. 1506 PRUDENTIAL DR JACKSONVILLE, FL 32207	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSSI, MICHAEL A. 1506 PRUDENTIAL DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, HOWARD G. 1506 PRUDENTIAL DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112177741 11/09/07--01046--019 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100112177741 11/09/07--01046--020 **\$200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Michael A. Ossi 10/31/07 944-465-7441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
07 NOV -9 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
07
0098 (1/07)

4. FEI Number
59-3099447

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required