

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# V57515

FILED
Mar 23, 2009
Secretary of State

Entity Name: DAVID W. OLSON, P.A.

Current Principal Place of Business:

515 NORTH FLAGLER DRIVE
STE P-300
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

515 NORTH FLAGLER DRIVE
STE P-300
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

250 AUSTRALIAN AVENUE SOUTH
SUITE 1400
WEST PALM BEACH, FL 33401 US

New Mailing Address:

250 AUSTRALIAN AVENUE SOUTH
SUITE 1400
WEST PALM BEACH, FL 33401 US

FEI Number: 65-0347232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLSON, DAVID W.
515 NORTH FLAGLER DRIVE
STE P-300
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

OLSON, DAVID W.
250 AUSTRALIAN AVENUE SOUTH
SUITE 1400
WEST PALM BEACH, FL 33401 US

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: DAVID W. OLSON

03/23/2009

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: PD () Delete
Name: OLSON, DAVID W
Address: 515 NORTH FLAGLER DRIVE, STE P-300
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: OLSON, DAVID W
Address: 250 AUSTRALIAN AVENUE SOUTH, SUITE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

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: DAVID W. OLSON

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date