

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P13000057131

**Entity Name:** BONNIE J. STRICKLAND, P.A.

**Current Principal Place of Business:**

514 S. ORLEANS AVENUE  
#2  
TAMPA, FL 33606

**FILED**  
**Oct 18, 2016**  
**Secretary of State**  
**CR5816941510**

**Current Mailing Address:**

1643 WATERMARK CIRCLE N. E.  
ST. PETERSBURG, FL 33702 US

**FEI Number: 49-2933017**

**Certificate of Status Desired: Yes**

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

STRICKLAND, BONNIE J  
514 S. ORLEANS AVENUE  
#2  
TAMPA, FL 33606 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: BONNIE J. STRICKLAND**

**10/18/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            STRICKLAND, BONNIE J  
Address        514 S. ORLEANS AVENUE #2  
City-State-Zip: TAMPA FL 33606

Title            VP  
Name            STRICKLAND, BONNIE J  
Address        514 S. ORLEANS AVENUE #2  
City-State-Zip: TAMPA FL 33606

Title            SEC.  
Name            STRICKLAND, BONNIE J  
Address        514 S. ORLEANS AVENUE #2  
City-State-Zip: TAMPA FL 33606

Title            TREA  
Name            STRICKLAND, BONNIE J  
Address        514 S. ORLEANS AVENUE #2  
City-State-Zip: TAMPA FL 33606

Title            TRES  
Name            STRICKLAND, BONNIE J  
Address        514 S. ORLEANS AVENUE #2  
City-State-Zip: TAMPA FL 33606

*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: BONNIE J. STRICKLAND**

**PRESIDENT**

**10/18/2016**

Electronic Signature of Signing Officer/Director Detail

Date