2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000038416

Entity Name: TRACEY LYNN KIRCHAIN, P.A.

FILED Apr 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11558 COURTNEY WATERS LANE 521 N. BRIDGESTONE AVE. JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32259

Current Mailing Address: New Mailing Address:

11558 COURTNEY WATERS LANE 521 N. BRIDGESTONE AVE. JACKSONVILLE, FL 32258 JACKSONVILLE, FL 32259

FEI Number: 59-3642118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KIRCHAIN, TRACEY

11558 COURTNEY WATERS LANE
JACKSONVILLE, FL 32258 US

KIRCHAIN, TRACEY
521 N. BRIDGESTONE AVE.
JACKSONVILLE, FL 32259 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: TRACEY LYNN KIRCHAIN 04/15/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSD (X) Change () Addition

 Name:
 KIRCHAIN, TRACEY
 Name:
 KIRCHAIN, TRACEY

 Address:
 11558 COURTNEY WATERS LANE
 Address:
 521 N. BRIDGESTONE AVE.

 City-St-Zip:
 JACKSONVILLE, FL 32258
 City-St-Zip:
 JACKSONVILLE, FL 32259

Title: VTD () Delete Title: VTD (X) Change () Addition

Name: KIRCHAIN, ALAN
Address: 11558 COURTNEY WATERS LANE
Name: KIRCHAIN, ALAN
Address: 521 N. BRIDGESTONE AV

Address: 11558 COURTNEY WATERS LANE Address: 521 N. BRIDGESTONE AVE.
City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRACEY LYNN KIRCHAIN PSD 04/15/2005