PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILEU

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations				SECRETARY OF STATE DIVISION OF CORPORATIONS 37 AUG 2 D PM 1: 40					
DOCU		# 6	30603	3								
LANCE G. PASKEWICH, P.A.								REINSTATEMENT				
2. Principal Office Address - No P.O. Box # 3. Mailing Of 7805 CAMINO REAL 7805					CAMINO REAL				CR2E08	I (1/07)	99-07	
Suite, Apt. #, etc. Su H-418 F				Suite, Apt. # H-41	Suite, Apt. 7, etc. H-418				4. Date Incorporated or Qualified To Do Business in Florida 07/12/1979			
MIAMI, FL				City & State	MIAMI, FL				591924381 Applied For Not Applied by			
3 31.	33143 ÜSA		3314	33143			6. S8.75 Add		dditional Fee required Certificate of Status			
7. Name and Address of Current Regist L'ANCE G. PASKEWICH 7805 CAMINO REAL PH-418 MIAMI									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
8. I, being Signature o Registered	л Л.У	o rjegistere	ed agent of the d	reband	orgion, am f GENT MUST		accept the ot	otigations of section	on 607.0505 or 617.05 Date 08/15		7	
· · · · · ·	s and Street A	ddresses	of Each Officer a	and/or Director (F	lorida nonpro							
Titles	Officers and/or Directors			Street Address of Each Officer and/or Director			•	MIAMI, FL 33143				
P/V/T/S/D	LANC	E G	i. PASK	EWICH	7805	CAMINO) REA	L H-418	MIAIVII,	<u> </u>	33143	
								98/20	70701032	:382 009	₹*1958.75	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of fidividuals littled on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: LANCE G. PASKEWICH, PRESIDENT 08/15/2007 305-596-5344 Daytime Phone #												