

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K78197 1. Entity Name KOFSKY, COURY & ASSOCIATES, P.A.			FILED 05 MAR 31 PM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2230 W. COMMERCIAL BLVD. STE. 150 OAKLAND, FL 33309		Mailing Address 2230 W. COMMERCIAL BLVD. STE. 150 OAKLAND, FL 33309	
2. Principal Place of Business 3440 Hollywood Blvd Suite, Apt. #, etc. 450		3. Mailing Address 3440 Hollywood Blvd Suite, Apt. #, etc. 450	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33021		Zip 33021	
Country USA		Country USA	
4. FEI Number 65-0107049		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATRICIA E. COURY 3230 W. COMMERCIAL BLVD. STE 150 OAKLAND PK, FL 33309		7. Name and Address of New Registered Agent Name Patricia E Coury Street Address (P.O. Box Number is Not Acceptable) 3440 Hollywood Blvd Ste 450 City Hollywood FL Zip Code 33021	
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 <u><i>Patricia E. Coury</i></u> DATE <u>3/31/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME KOFSKY, DAVID ALAN STREET ADDRESS 3440 HOLLYWOOD BLVD #450 CITY-ST-ZIP HOLLYWOOD, FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME VP NAME Coury, Patricia E STREET ADDRESS 3440 Hollywood Blvd Ste 450 CITY-ST-ZIP Hollywood, FL 33021	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME D NAME Weinger, Misty STREET ADDRESS 3440 Hollywood Blvd Ste 450 CITY-ST-ZIP Hollywood FL 33021
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Patricia E. Coury</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/31/05</u> Daytime Phone # <u>954 985-8319</u>	

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