2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000031825

Name:

Address:

City-St-Zip:

LEVY, BENJAMIN D

3696 N FEDERAL HWY SUITE 201

FORT LAUDERDALE, FL 33308

Entity Name: PYSZKA. BLACKMON. LEVY. & KELLEY. P.A

FILED Nov 20, 2008 Secretary of State

Entity Name: PYSZKA, BLACKMON, LEVY, & KELLEY, P.A.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	DERAL HWY IDERDALE, F				
Current Mailing Address:			New Mailing Address:		
	DERAL HWY DERDALE, F				
FEI Number:	65-1090226	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
ONE BISC, TWO SOU MIAMI, FL	TH BISCAYN 33131 US named entity	R SUITE 3550 E BLVD	rpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: JAN NEI			D-1-	
Election Can	e with s. 607.19	nic Signature of Registered Ager 03(2)(b), F.S., the corporation did not g Trust Fund Contribution (). CTORS:	receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KELLEY, JOH 3696 N FEDER) Delete NM RAL HWY SUITE 201 RDALE, FL 33308	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLACKMON, F 3696 N FEDER) Delete PHILLIP D RAL HWY SUITE 201 RDALE, FL 33308	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN M. KELLEY MR. 11/20/2008