

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 10 AM 10:55

SECRET  
FALLING DATE



DOCUMENT # P02000005237					
1. Entity Name REMER & GEORGES-PIERRE, P.A.					
Principal Place of Business 100 NORTH BISCAYNE BLVD., STE 1003 MIAMI, FL 33132			Mailing Address 100 NORTH BISCAYNE BLVD., STE 1003 MIAMI, FL 33132		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10072005 REIN-P CR2E098 (6/04)	
Zip		Country		4. FEI Number 26-0037037	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GEORGES-PIERRE, ANTHONY M 100 NORTH BISCAYNE BLVD., STE 1003 MIAMI, FL 33132			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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>Anthony M. Georges-Pierre</u> - Anthony M. Georges-Pierre, Registered Agent 10/7/05					
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REMER, JASON S ESQ		NAME		
STREET ADDRESS	100 NORTH BISCAYNE BLVD., STE 1003		STREET ADDRESS	300060458243	
CITY - ST - ZIP	MIAMI, FL 33132		CITY - ST - ZIP	10/11/2005--01002--001 ***250 110	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGES-PIERRE, ANTHONY M ESQ		NAME		
STREET ADDRESS	100 NORTH BISCAYNE BLVD., STE 1003		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33132		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 persons empowered.					
SIGNATURE: <u>Anthony M. Georges-Pierre</u>			10/7/05 (305) 416-5000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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