

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 PM 3: 14

REINSTATEMENT 06



10312006 REIN-P CR2E098 (11/05)

DOCUMENT # P02000005237 1. Entity Name REMER & GEORGES-PIERRE, P.A.	
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Principal Place of Business 100 NORTH BISCAYNE BLVD., STE 1003 MIAMI, FL 33132	Mailing Address 100 NORTH BISCAYNE BLVD., STE 1003 MIAMI, FL 33132
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2. Principal Place of Business 100 NORTH BISCAYNE BLVD. Suite, Apt. #, etc. <u>2800</u>	3. Mailing Address 100 NORTH BISCAYNE BLVD. Suite, Apt. #, etc. <u>2800</u>
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City & State MIAMI, FL	City & State MIAMI, FL	Zip 33132	Country USA
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4. FEI Number 26-0037037	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 GEORGES-PIERRE, ANTHONY M 100 NORTH BISCAYNE BLVD., STE 1003 <u>2800</u> MIAMI, FL 33132	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Anthony M. George-Rue 10/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete REMER, JASON S ESQ
NAME	100 NORTH BISCAYNE BLVD., STE 1003 <u>2800</u>
STREET ADDRESS	MIAMI, FL 33132
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete GEORGES-PIERRE, ANTHONY M ESQ
NAME	100 NORTH BISCAYNE BLVD., STE 1003 <u>2800</u>
STREET ADDRESS	MIAMI, FL 33132
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100081577691
NAME	11/07/06--01016--024 **750.00
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" 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	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Anthony M. George-Rue 10/31/06 305-416-5000
Signature and typed or printed name of signing officer or director Date Daytime Phone #