


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000041377

1. Corporation Name
NICCLAS BOUCHER, P.A.
901 N.E. 125TH STREET, SUITE 101
NORTH MIAMI, FL 33161

REINSTATEMENT 03-09
000028732970
02/13/04--01035--017 **300.00

2. Principal Office Address 901 NE 125TH STREET Suite, Apt. #, etc. SUITE 101 City & State NORTH MIAMI, FL Zip 33161		Country USA		3. Mailing Office Address 901 NE 125TH STREET Suite, Apt. #, etc. SUITE 101 City & State NORTH MIAMI, FL Zip 33161		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 04/17/02	
5. FEI Number 03-0436491	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
JOSEPH PATERNOS TRC ACCOUNTING SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
901 NE 125TH STREET, SUITE 101

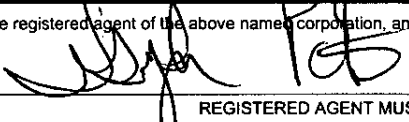
Suite, Apt. #, Etc.
SUITE 101

City
NORTH MIAMI

State
FL

Zip Code
33161

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

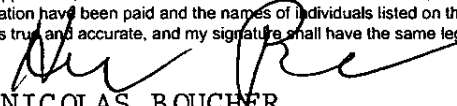
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date 2/9/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NICOLAS BOUCHER	3124 JACKSON AVENUE MIAMI FL 33133	MIAMI, FL 33133

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 filing 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 individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:  NICOLAS BOUCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 305-788-8035

Date Daytime Phone #

CR2E081 (10/02)

Joseph Paternostro Accounting Services, Inc.
901 NE 125th Street, Suite 101
North Miami, FL 33161
Office (305) 895-7355 Cell (305) 606-0935 Fax (305) 893-9696

February 09, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Nicolas Boucher, P.A.
Corporation Reinstatement
Fein. 03-0436491

Dear Sir or Madam:


Reference is made to my telephone conversation with one of your department employee on February 04, 2004 and found out that the Uniform Business Reports for 2003 & 2004 were returned to you by the United State Postal Office Department.

We never received the reports and therefore, never paid the \$150.00 due for each year.

Please find enclosed our request for corporation reinstatement for Nicolas Boucher, P.A. along with a check no. 1120 for \$300.00.

Please give me a call, should you have any questions.

Sincerely,


Joseph Paternostro
Accountant

cc: Nicolas Boucher, P.A.