


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P05000141528**

1. Entity Name  
**MARIA G. PASTOR, P.A.**



FILED

2006 DEC 26 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>810 S PARK ROAD UNIT NO 1-34 HOLLYWOOD, FL 33021</b>	Mailing Address <b>810 S PARK ROAD UNIT NO 1-34 HOLLYWOOD, FL 33021</b>
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2. Principal Place of Business <b>5600 COLLINS AVE</b>	3. Mailing Address <b>5600 COLLINS AVE</b>
Suite, Apt. #, etc. <b># 7L</b>	Suite, Apt. #, etc. <b># 7L</b>
City & State <b>MIAMI BEACH, FL</b>	City & State <b>MIAMI BEACH, FL</b>
Zip <b>33140</b>	Zip <b>33140</b>
Country <b>USA</b>	Country <b>USA</b>



10182006 REIN-P CR2E098 (11/05)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

PASTOR, MARIA G  
~~810 S PARK ROAD UNIT NO 1-34  
HOLLYWOOD, FL 33021~~  
**5600 COLLINS AVE, # 7L  
MIAMI BEACH, FL 33140**

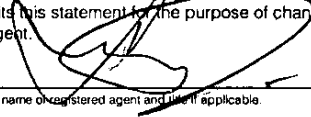
**7. Name and Address of New Registered Agent**

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:  DATE: **12/19/2006**

Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	D PASTOR, MARIA G <del>810 S PARK ROAD UNIT NO 1-34 HOLLYWOOD, FL 33021</del> 5600 COLLINS AVE, # 7L MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300082778133</b> 12/26/06--01052--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **12/19/2006 786-2907010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*12/27/06*