2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 MAY 13 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000071154

1. Entity Name
LOIS J GUINN P.A.

CHANGED SEE BELOW

Principal Place of Business	Mailing Address
750 N.E. 64TH ST B-403 MIAMI, FL 33138	~~750 N.E. 64TH~~ ST ~~B-403~~ ~~MIAMI, FL~~ 33138

03242008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	200 SE 15th RD #6E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI, FL
Zip / Country	Zip: 33129 / Country

4. FEI Number [X] Applied For [ ] Not Applicable

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

6. Name and Address of Current Registered Agent

BRIAN PRZYSTUP & ASSOCIATES LLC
1881 WASHINGTON AVE.
12-E
MIAMI BEACH, FL 33139

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

FILE NOW!!! FEE IS $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	P/D GUINN, LOIS J ~~750 N.E. 64TH ST SUITE B 403~~ ~~MIAMI, FL 33138~~ [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[X] Change [ ] Addition 200 SE 15TH RD #6E MIAMI, FL 33129.
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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: X [signature] 3/24/08 305 987 7978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS