PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| **CORPORATION REINSTATEMENT** | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 05 MAY 12 AM 9:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P93000044626

1. Corporation Name

ALFRED R. CAMNER, PROFESSIONAL ASSOCIATION

2. Principal Office Address 550 BILTMORE WAY	**3.** Mailing Office Address 550 BILTMORE WAY	
Suite, Apt. #, etc. SUITE 700	Suite, Apt. #, etc. SUITE 700	**4.** Date Incorporated or Qualified To Do Business in Florida 06-01-1993
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	**5.** FEI Number 65-0419363 / Applied For / Not Applicable
Zip 33134 / Country US	Zip 33134 / Country US	**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ERRIN CAMNER

Street Address (P.O. Box Number is Not Acceptable)
550 BILTMORE WAY   PLEASE STATE RECEIPT 0L-05

Suite, Apt. #, Etc.
SUITE 700

| City CORAL GABLES, FL | State FL | Zip Code 33134 |

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 MAY 2, 2005

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
DP	ALFRED R. CAMNER	550 BILTMORE WAY, SUITE 700	CORAL GABLES, FL 33134
ST	ANNE SHARI CAMNER	550 BILTMORE WAY, SUITE 700	CORAL GABLES, FL 33134
		800055379258	
		05/26/05--01065--023 **1200.00	

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 _____ ALFRED R. CAMNER   MAY 2, 2005   305-529-2943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (01/05)