

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 492144 1. Entity Name CHONIN & SHER, P.A.					
Principal Place of Business 95 MERRICK WAY SUITE 100 CORAL GABLES, FL 33134-5308				Mailing Address 95 MERRICK WAY SUITE 100 CORAL GABLES, FL 33134-5308	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">04 DEC 29 AM 11:19</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="font-size: 18px; font-weight: bold;">REINSTATEMENT 2004</div>	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1647285 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent CHONIN, NEIL 1234 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	
7. Name and Address of New Registered Agent Name NEIL H. CHONIN Street Address (P.O. Box Number is Not Acceptable) 95 MERRICK WAY, SUITE 100 City CORAL GABLES FL Zip Code 33134				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 12/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SHER, MARILYN 1 GROVE ISLE COCONUT GROVE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000043690890 12/29/04--01037--003 **758.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/ST CHONIN, NEIL 95 MERRICK WAY ST 100 CORAL GABLE, FL 33134	<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 exemption stated in Section 119.07(3)(i), 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: 12/27/04 305-440-5125 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					