2007 FOR PROFIT CORPORATION REINSTATEMENT **DOCUMENT #565338** 1. Entity Name KENNY NACHWALTER, P.A.

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Principal Place of Business 201 S BISCAYNE BLVD. 1100 MIAMI CENTER MIAMI, FL 33131-4327 US		Mailing Address 201 S BISCAYNE BLVD. 1100 MIAMI CENTER MIAMI, FL 33131-4327 US				: // 		SSEE, F	STATE LORIDA
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10052007	REIN P	CR2E	98 (1/07) 2	2007
City & State		City & State		4. FEI Numbe 59-179				plied For Applicable	
Zip	Country	Zip	Country	,	5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered A	gent	
				Name					
NACHWALTER, MICHAEL ESQ 201 SO. BISCAYNE BLVD. MIAMI, FL 33131				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
	named entity submits this statement for	r the purpose of changing its	registered	office or 190	gistered agent, or bo	th, in the State of Flo	orida. Lam f	amiliar with,	and accept
the obligati	ions of registered agent.			10	lachural	Fe.			
SIGNATURE Signature, typoid or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable)				Agent signature	required when reinstating)		DATE		·····
After Jan	NOW!!! FEE IS \$750.00 mary 1, 2008, Fee will be \$900.0		1 11.		1227010				
10.	EVP OFFICERS AND				ADDITIONS,	CHANGES TO OFF	ICERS AND		
TITLE NAME	ARNOLD, RICHARD ALAN	☐ Delete	TITLE NAME					☐ Change	Addition
STREET ADDRESS	201 SQ. BISCAYNE BLVD.			ADDRESS	60011		្នម១:	305	3
CITY-ST-ZIP			CITY-S		10	/08/0701	0360:	[5 **]	'S8.75
TITLE	D	☐ Delete Ti						Change	☐ Addition
NAME	NACHWALTER, MICHAEL								
STREET ADDRESS	201 SO. BISCAYNE BLVD.			ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33131		CITY-S	T-ZIP					!
TITLE	PRE	Delete	TITLE			1		Change	☐ Addition
NAMÉ	CRITCHLOW, RICHARD H		NAME		U F (I)	9			ļ
STREET ADDRESS	201 SO. BISCAYNE BLVD.			ADDRESS		\	· ·		
CITY-ST-ZIP	MIAMI, FL 33131		~cny:s	1-21F					
TITLE	D	☐ Delete	TITLE NAME		1			Change	Addition
NAME STREET ADORESS	BLECHMAN, WILLIAM J 201 S BISCAYNE BLVD #1100			ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33131		CITY-						
TITLE	111111111111111111111111111111111111111	☐ Delete	TITLE					Change	Addition
NAME		□ Delete	NAME					onungo	
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	r - ZIP					
TITLE	☐ Delete		TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-\$	T-ZIP					

12. I hereby certify that the information supplied with this filling 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 paceiver 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 attagriment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard H. Critchlow 10/5/07 (305) 373-1000

Dayling Phone #