2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 573965

FILED Sep 26, 2007 Secretary of State

Entity Name: KAUFMAN, ROSSIN & CO., A PROFESSIONAL ASSOCIATION

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
2699 S BA MIAMI, FL	YSHORE DR 33133			
Current Mailing Address:		New Mailing Address:		
2699 S BA MIAMI, FL	YSHORE DR 33133			
El Number	: 59-1818353	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
	JAY H SECR AYSHORE DRIV 33133 US	/E		
	e named entity s e of Florida.	ubmits this statement for th	e purpose of changing its register	red office or registered agent, or both,
SIGNATU	RE: JAYHRO	SSIN		
	Electroni	c Signature of Registered A	Agent	Date
	Electroni	c digitature of Negistered A	gent	Date
	ce with s. 607.193	(2)(b), F.S., the corporation did Trust Fund Contribution ().	-	Date
Election Ca	ce with s. 607.193	(2)(b), F.S., the corporation did Trust Fund Contribution ().	not receive the prior notice.	GES TO OFFICERS AND DIRECTOR
Election Cal DFFICER Title: Name: Address:	nce with s. 607.193 mpaign Financing S AND DIRECT	(2)(b), F.S., the corporation did Trust Fund Contribution (). TORS: Delete ES R	not receive the prior notice.	
Election Cal DFFICER. Title: Name: Address: Dity-St-Zip: Title: Name: Address:	rice with s. 607.193 mpaign Financing S AND DIRECT PD () KAUFMAN, JAMI 2699 S BAYSHO MIAMI, FL	(2)(b), F.S., the corporation did Trust Fund Contribution (). FORS: Delete ES R PRE DR #500 Delete	not receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
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Election Car DFFICER Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress: Dity-St-Zip: Title: Name: Nddress:	process of the second of the s	(2)(b), F.S., the corporation did Trust Fund Contribution (). **ORS:* Delete ES R PRE DR #500 Delete DRE DR #500 Delete T A DRE DR #500 Delete T A DRE DR #500	not receive the prior notice. ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY H ROSSIN ST 09/26/2007