

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 651303</b> 1. Entity Name <b>ANDREW C. HALL, P.A.</b>					
Principal Place of Business <b>1428 BRICKELL AV 8TH FL MIAMI, FL 33131</b>			Mailing Address <b>1428 BRICKELL AV 8TH FL MIAMI, FL 33131</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0135195</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HALL, ANDREW C. 1428 BRICKELL AVE MIAMI, FL 33131</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			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	PD <b>HALL, ANDREW C. 1428 BRICKELL AV, 8 FLR MIAMI, FL</b>	<input type="checkbox"/> Delete			
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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.			800042107068 10/22/04--01044--016 **150.00  <b>REINSTATEMENT</b>  10/25/04		
<b>SIGNATURE:</b>			<b>Andrew C. Hall</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10/20/04 (305) 374-5030 <small>Date Daytime Phone #</small>		

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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