


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F72180</b>	
1. Entity Name <b>KING &amp; ASSOCIATES OF MIAMI, INC.</b>	

FILED  
06 NOV 13 PM 2: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11012006 REIN-P CR2E098 (11/06) **86**

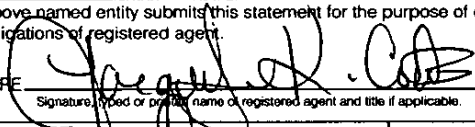
Principal Place of Business <b>4111 N.W. 22ND AVE. MIAMI, FL 33142</b>	Mailing Address <b>5044 SW 139TH AVE HOLLYWOOD, FL 33027</b>
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2. Principal Place of Business <b>5044 S.W. 139th Ave</b>	3. Mailing Address <b>5044 S.W. 139th Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

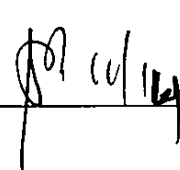
City & State <b>Miramar, Fla</b>	City & State <b>Miramar, Fla</b>	4. FEI Number <b>59-2178203</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33027</b>	Country <b>USA</b>	Zip <b>33027</b>	Country

6. Name and Address of Current Registered Agent <b>COATS, JACQUELYN 5044 SW 139TH AVE MIRAMAR, FL 33027</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 acknowledge the obligations of, registered agent.

SIGNATURE  (No Change) 11/2/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b> <b>CR # 258</b>	In accordance with s. 607.193(2)(b), F.S., if corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KING, MALVESE 5044 SW 139TH AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800081736458</b> <b>11/13/06--01035--022 **150.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COATS, JACQUELYN KING 5044 SW 139TH AVE MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad
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"/> Ad
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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"/> Ad

12. I hereby certify that the information supplied with this filing 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 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, changed, or on an attachment with an address, with all other like empowered.

