

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G02058

FILED
Oct 07, 2008
Secretary of State

Entity Name: MARLOW, CONNELL, ABRAMS & ADLER, P.A.

Current Principal Place of Business:

4000 PONCE DE LEON BLVD., #570
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4000 PONCE DE LEON BLVD., #570
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 59-2220089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONNELL, ANDREW S ESQ
4000 PONCE DE LEON BLVD., #570
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANDREW S. CONNELL

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ABRAMS, SETH
Address: 4000 PONCE DE LEON BLVD., #570
City-St-Zip: CORAL GABLES, FL 33146

Title: PTD () Delete
Name: ADLER, JOEL D
Address: 4000 PONCE DE LEON BLVD., #570
City-St-Zip: CORAL GABLES, FL 33146

Title: VSD (X) Delete
Name: CONNELL, ANDREW S
Address: 4000 PONCE DE LEON BLVD., #570
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOEL D. ADLER

PTD

10/07/2008

Electronic Signature of Signing Officer or Director

Date