

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT 10 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # H94968</b> 1. Entity Name <b>SCHANTZ, SCHATZMAN, AARONSON &amp; PERLMAN, P.A.</b>					
Principal Place of Business <b>2525 PONCE DE LEON BOULEVARD SUITE 400 CORAL GABLES, FL 33134 US</b>			Mailing Address <b>2525 PONCE DE LEON BOULEVARD SUITE 400 CORAL GABLES, FL 33134 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		10092006 REIN-P CR2E098 (11/05)	
4. FEI Number <b>59-2634231</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHATZMAN, ROBERT A. 2525 PONCE DE LEON BOULEVARD SUITE 400 CORAL GABLES, FL 33134</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		
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 obligation of the registered agent.					
SIGNATURE: <b>Robert A. Schatzman</b> <b>10/09/2006</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, 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 SCHANTZ, LAWRENCE M. 2525 PONCE DE LEON BOULEVARD # 400 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCHATZMAN, ROBERT A. 2525 PONCE DE LEON BOULEVARD #400 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AARONSON, GEOFFREY S. 2525 PONCE DE LEON BOULEVARD #400 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
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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 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <b>Robert A. Schatzman</b> <b>10/09/06</b> <b>(305) 466-1211</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



10092006 REIN-P CR2E098 (11/05)

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**59-2634231**

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