

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # J30368</b>	
1. Entity Name <b>S. B. MEYERSON, INC.</b>	



**FILED**

**07 OCT 31 AM 9:53**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



10262007 REIN-P CR2E098 (1/07) 07

Principal Place of Business <b>590 E 25TH ST 601 HIALEAH, FL 33013</b>	Mailing Address <b>590 E 25TH ST 601 HIALEAH, FL 33013 US</b>
---	--

2. Principal Place of Business - No P.O. Box # <b>6600 N. Andrews Avenue</b>	3. Mailing Address <b>6600 N. Andrews Avenue</b>
Suite, Apt. #, etc. <b>306</b>	Suite, Apt. #, etc. <b>306</b>

City & State <b>Fort Lauderdale, FL</b>	City & State <b>Fort Lauderdale, FL</b>
--	--

Zip <b>33309</b>	Country <b>USA</b>	Zip <b>33309</b>	Country <b>USA</b>
---------------------	-----------------------	---------------------	-----------------------

4. FEI Number <b>59-2711707</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>MEYERSON, SHELDON B. 590 E 25TH ST HIALEAH, FL 33013</b>	
--	--

7. Name and Address of New Registered Agent	
Name <b>Steven Blecker</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>6600 N. Andrews Ave., #306</b>	
City <b>Fort Lauderdale</b>	FL Zip Code <b>33309</b>

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 *Steven Blecker* **Steven Blecker** 10/26/07  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYERSON, SHELDON B., MD 590 E. 25TH ST. SUITE 601 HIALEAH, FL 33013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6600 N. Andrews Avenue, #306 Fort Lauderdale, FL 33309</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700111557397 10/31/07--01052---008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steven Blecker* **Steven Blecker** 10/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #