
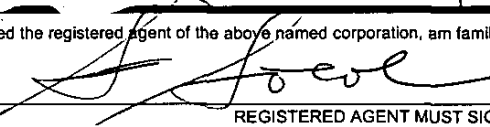
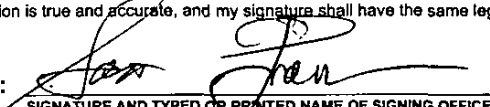


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED L0431908 OCT -1 PM 3:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L04319					
1. Corporation Name LAW OFFICE OF SARA LAWRENCE, P.A. 850 IVES DAIRY RD Ste 53-B MIAMI FLORIDA 33179					
2. Principal Office Address - No P.O. Box # 850 IVES DAIRY RD Ste 53-B MIAMI FLA			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FLA			City & State		
Zip 33179	Country DADE	Zip	Country		
4. Date Incorporated or Qualified To Do Business in Florida 7/15/1989					
5. FEI Number 65-013 9360 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable					
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent					
Name AMERICAN ACCOUNTING OF SOFLA					
Street Address (P.O. Box Number is Not Acceptable) 20810 W. DIXIE HWY (CARP + OFFICE)					
Suite, Apt. #, Etc. No Miami Beach - SHARPSIDE					
City		State FL	Zip Code 33180		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent 				Date 9/23/08	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PRES	SARA LAWRENCE	20191 ECOUNTRY DR.		AVENTURA FLA 33180	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 				Date 9/23/08 305-653-0009	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	