

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 19 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400120762594

03/19/08--01040--025 **1050.00

DOCUMENT # *M63197*

1. Corporation Name
*CATLIN SAXON EVANS FINK
KOLSKI & ROMANEZ, P.A.*

2. Principal Office Address - No P.O. Box # <i>2600 DOUGLAS ROAD</i>		3. Mailing Office Address <i>2600 DOUGLAS ROAD</i>	
Suite, Apt. #, etc. <i>SUITE 1109</i>		Suite, Apt. #, etc. <i>SUITE 1109</i>	
City & State <i>CORAL GABLES, FL</i>		City & State <i>CORAL GABLES, FL</i>	
Zip <i>33134</i>	Country <i>USA</i>	Zip <i>33134</i>	Country <i>USA</i>

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida *12/02/1987*

5. FEI Number *650087770* Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *KYLE SAXON*

Street Address (P.O. Box Number is Not Acceptable)
2600 DOUGLAS ROAD

Suite, Apt. #, Etc.
SUITE 1109

City *CORAL GABLES* State **FL** Zip Code *33134*

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *[Signature]* Date *3/17/08*

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
<i>OP</i>	<i>KYLE R. SAXON</i>	<i>2600 DOUGLAS RD, STE 1109</i>	<i>CORAL GABLES, FL 33134</i>
<i>DUT</i>	<i>BRIAN L. FINIK</i>	<i>2600 DOUGLAS RD, STE 1109</i>	<i>CORAL GABLES, FL 33134</i>
<i>OUS</i>	<i>STEPHEN J. KOLSKI, JR.</i>	<i>2600 DOUGLAS RD, STE 1109</i>	<i>CORAL GABLES, FL 33134</i>

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: *[Signature]* *President* Date *3/17/08* Daytime Phone # *305-371-9575*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR