

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P0000007900 1. Entity Name 95 MERRICK WAY, INC.						FILED 04 DEC 29 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 95 MERRICK WAY SUITE 100 CORAL GABLES, FL 33134				Mailing Address 95 MERRICK WAY SUITE 100 CORAL GABLES, FL 33134			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0992416				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WEINER, ROBERT F 95 MERRICK WAY SUITE 100 CORAL GABLES, FL 33134 <i>DECEASED</i>			
7. Name and Address of New Registered Agent Name <i>NEIL H. CHONIN</i> Street Address (P.O. Box Number is Not Acceptable) <i>95 MERRICK WAY</i> <i>SUITE 100</i> City <i>CORAL GABLES</i> FL Zip Code <i>33134</i>				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 <i>Neil Chonin</i> DATE <i>12/27/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00				10. OFFICERS AND DIRECTORS			
TITLE D <input checked="" type="checkbox"/> Delete NAME WEINER, ROBERT F STREET ADDRESS 95 MERRICK WAY #100 CITY-ST-ZIP CORAL GABLES, FL 33134				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <input type="checkbox"/> Change <input type="checkbox"/> Addition 500043699925 12/23/04--01037--011 ***750.00			
TITLE D <input type="checkbox"/> Delete NAME CHONIN, NEIL STREET ADDRESS 95 MERRICK WAY SUITE 100 CITY-ST-ZIP CORAL GABLES, FL 33134				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE D <input type="checkbox"/> Delete NAME LAMEL, IRV STREET ADDRESS 95 MERRICK WAY SUITE 100 CITY-ST-ZIP CORAL GABLES, FL 33134				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Neil Chonin</i> DATE <i>12/27/04</i> Daytime Phone # <i>305-448-5725</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							