

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 22, 2004  
Secretary of State**

DOCUMENT# P00000095314

Entity Name: CARLOS M. XIQUES, P.A.

**Current Principal Place of Business:**

8820 SW 123RD COURT  
SUITE L-305  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

8820 SW 123RD COURT  
SUITE L-305  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 65-1048674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHENKMAN, PHILIP  
12515 N KENDALL DR  
314  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: XIQUES, CARLOS M  
Address: 8820 SW 123RD COURT SUITE L-305  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS XIQUES

P

10/22/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date