


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

1/2

<b>DOCUMENT # P01000046043</b>		
1. Entity Name THE LAW OFFICES OF MELANIE A. CAMBRIDGE, P.A.		

**FILED**

2006 OCT 16 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 444 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131	Mailing Address 444 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131
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2. Principal Place of Business 444 BRICKELL AVE.	3. Mailing Address 444 BRICKELL
Suite, Apt. #, etc. SUITE 700	Suite, Apt. #, etc. SUITE 700
City & State MIAMI FL.	City & State MIAMI FL
Zip 33131	Country MIAMI-DADE

10112006 REIN-P CR2E098 (11/05)

4. FEI Number 65-1234519	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMBRIDGE, MELANIE A ESQ. 444 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 Melanie A. Cambridge DATE 10:11:06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2007, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMBRIDGE, MELANIE A 444 BRICKELL AVENUE SUITE 700 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800080878378 10/18/06--01046--007 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Melanie A. Cambridge DATE 10:11:06 Daytime Phone # 305-371-5588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAW OFFICES OF  
MELANIE A. CAMBRIDGE, P.A.

RIVERGATE PLAZA - SUITE 700  
444 BRICKELL AVENUE  
MIAMI, FLORIDA 33131

TEL: (305) 372-0901

TELEFAX: (305) 371-2941

October 11, 2006

Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

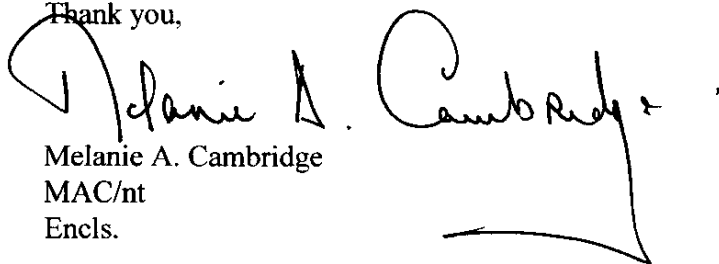
Please be advised that I received no prior notice of the annual report fee.

Accordingly, please waive the late fee.

I think it a good idea to check your records to try and ascertain why I did not receive the notice. I would like to avoid this situation being repeated next year.

Please do not hesitate to contact this office should you require anything further.

Thank you,



Melanie A. Cambridge  
MAC/nt  
Encls.