


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 SEP 26 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01060052664		
1. Entity Name MANSUR & AGUIAR, P.A.		

Principal Place of Business 910 S.W. 21ST STREET BOCA RATON, FL 33486	Mailing Address 910 S.W. 21ST STREET BOCA RATON, FL 33486
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



09222005 REIN-P CR2E098 (6/04)

4. FEI Number 65-1108010	Applied For <input type="checkbox"/> 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 AGUIAR, JOSE 910 S.W. 21ST STREET BOCA RATON, FL 33486

7. Name and Address of New Registered Agent Name: <u>JOHN P. MILLER</u> Street Address (P.O. Box Number is Not Acceptable): <u>2499 GLADES RD #305A</u> City: <u>BOCA RATON</u> FL <u>33431</u>

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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: <u>9-22-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUIAR, JOSE 910 S.W. 21ST STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANSUR, VILMA 910 S.W. 21ST STREET BOCA RATON, FL 33486 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900059959579 09/26/05--01064--008 **150.00
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"/> Change <input type="checkbox"/> Addition
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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 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 as changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>JOSE AGUIAR</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>9/22/05</u> <small>Date</small>
DAYTIME PHONE # <u> </u> <small>Daytime Phone #</small>	