


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
05 JUL -8 PM 2: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105821

1. Corporation Name
Brian I. Simon, P.A.

2. Principal Office Address
300 S.E. 14th Street

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

Zip Country
33316 USA

3. Mailing Office Address
300 S.E. 14th Street

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

Zip Country
33316 USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida 10/31/2001

5. FEI Number
65-1149406

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
Small & Bianchi, P.A.

Street Address (P.O. Box Number is Not Acceptable)
409 W. Hallandale Beach Blvd.

Suite, Apt. #, Etc.
Suite 423

City
Hallandale

State Zip Code
FL 33009

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

REGISTERED AGENT MUST SIGN

Date

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
P	Brian I. Simon, P.A.	300 S.E. 14th Street	Ft. Lauderdale, FL 33316

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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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #