

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 10 AM 10:55

SECRET DATE  
FALL 2005



10072005 REIN-P CR2E098 (6/04)

4. FEI Number  
26-0037037

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DOCUMENT # P02000005237**

1. Entity Name  
REMER & GEORGES-PIERRE, P.A.

Principal Place of Business  
100 NORTH BISCAYNE BLVD., STE 1003  
MIAMI, FL 33132

Mailing Address  
100 NORTH BISCAYNE BLVD., STE 1003  
MIAMI, FL 33132

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
GEORGES-PIERRE, ANTHONY M  
100 NORTH BISCAYNE BLVD., STE 1003  
MIAMI, FL 33132

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, the registered agent.

SIGNATURE Anthony M. Georges-Pierre - Anthony M. Georges-Pierre, Registered Agent 10/7/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, 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	D REMER, JASON S ESQ 100 NORTH BISCAYNE BLVD., STE 1003 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300050458243 10/11/05--01002--001 \$750.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEORGES-PIERRE, ANTHONY M ESQ 100 NORTH BISCAYNE BLVD., STE 1003 MIAMI, FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT** 05

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: Anthony M. Georges-Pierre 10/7/05 (305) 416-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #