

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |   |                |  |  |  |   |  |
|---|---|----------------|--|--|--|---|--|
| <b>DOCUMENT # P02000005237</b>  |   |                |  |  |  | <b>FILED</b><br><b>05 OCT 10 AM 10:55</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| <b>1. Entity Name</b><br>REMER & GEORGES-PIERRE, P.A.   |   |                |  |  |  |   |  |
| <b>Principal Place of Business</b><br>100 NORTH BISCAYNE BLVD., STE 1003<br>MIAMI, FL 33132   |   |                |  | <b>Mailing Address</b><br>100 NORTH BISCAYNE BLVD., STE 1003<br>MIAMI, FL 33132  |  |   |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.  |   |                |  | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.   |  |   |  |
| <b>City &amp; State</b>   |   |                |  | <b>City &amp; State</b>  |  |   |  |
| <b>Zip</b>  |   | <b>Country</b> |  | <b>Zip</b>   |  | <b>Country</b>  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |                |  | <b>10072005 REIN-P CR2E098 (6/04)</b>  |  |   |  |
| <b>4. FEI Number</b><br>26-0037037  |   |                |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable  |  |   |  |
| <b>5. Name and Address of Current Registered Agent</b><br>GEORGES-PIERRE, ANTHONY M<br>100 NORTH BISCAYNE BLVD., STE 1003<br>MIAMI, FL 33132  |   |                |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |   |  |
| <b>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.</b><br>SIGNATURE <u>Anthony M. Georges-Pierre</u> - <u>Anthony M. Georges-Pierre, Registered Agent</u> <u>10/7/05</u><br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |                |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$750.00</b><br><b>After January 1, 2006, Fee will be \$900.00</b>  |   |                |  |  |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |                |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | D<br>REMER, JASON S ESQ<br>100 NORTH BISCAYNE BLVD., STE 1003<br>MIAMI, FL 33132            |                |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |  |
| 300060458243<br>10/11/2005--01002--001 ***250.10  |   |                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | D<br>GEORGES-PIERRE, ANTHONY M ESQ<br>100 NORTH BISCAYNE BLVD., STE 1003<br>MIAMI, FL 33132 |                |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete   |                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete   |                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete   |                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  |   |  |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |  |
| <b>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 persons empowered.</b> |   |                |  |  |  |   |  |
| <b>SIGNATURE:</b> <u>Anthony M. Georges-Pierre</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |                |  | <u>10/7/05 (305) 416-5000</u><br><small>Date Daytime Phone #</small>   |  |   |  |