


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 15 PM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000072089	
1. Entity Name JOYCE DAVIDOWITZ, PA	

Principal Place of Business 6901 NW 45TH ST. LAUDERHILL, FL 33319	Mailing Address 6901 NW 45TH ST. LAUDERHILL, FL 33319
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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REINSTATEMENT

CB2E098 (6/04)

4. FEI Number
59-2383989

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent FRIEDMAN, MARC 8634 NW 59TH PLACE PARKLAND, FL 33067	
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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	
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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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIDOWITZ, JOYCE 6901 NW 45TH ST. LAUDERHILL, FL 33317 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joyce Davidowitz* (Joyce DAVIDOWITZ) 11-11-05 954-614-8626
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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November 11, 1005

Division of Corporations
Department of State
State of Florida

RE: Document # P02000072089

To Whom it May Concern,

I never received my annual report notice for 2005 and just received a notice of dissolution or revocation.

Since I never received the original notice, I do not believe I should be penalized. I have always been in good standing.

I am enclosing the \$150 fee for the re-instatement plus the \$8.75 for the receipt.

Thank you.

Yours truly,



Joyce Davidowitz