2004 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT				FILED
DOCUMENT # P02000081571				
1. Entity Name NANCY E. FOX, P.A.				05 JAN -3 AM 9: 45
				SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business Mailing Address				The results of the second of t
1301 NE 1ST STREET FT. LAUDERDALE, FL 33301 1301 NE 1ST STREET FT. LAUDERDALE, FL			301	
2. Principal Place of Business		3. Mailing Address 2149 NE 62 ND CT		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		REPORT AND MACOUNT (6/04)
City & State		FI LanderDALC, F1.		4. FEI Number Applied For 30-0106812 Not Applicable
Zip	Country	Zip 3 3 3 0 8	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current I	. 	News	7. Name and Address of New Registered Agent
FOX, NANCY POX				
#6				dress (P.O. Box Number is Not Acceptable)
- I was a second of the second			214	qwe 62nd Court
civFT Landerdale FL Zip Code 333308				
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
	NOW!!! FEE IS \$750.00 nuary 1, 2005, Fee will be \$900.0	o		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	D FOX, NANCY E	☐ Delete	TITLE D	NANCY E FOX PA CT Change Addition
STREET ADDRESS	1301 NE 1ST STREET		STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE, FL 33301	□ Delete	CITY-ST-ZIP	0 7//-0
NAME		<u> </u>	NAME	30004379 \$1 ************************************
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS CITY - ST- ZIP			STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplies 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 reports 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 of itsee 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 of the corporation of the receiver of the receive				
SIGNATURE: Manuy & Fe				
SIGNATURE AND THEO OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR Date Daystone Proce #				

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J & M Accounting & Tax Service, Inc.

Prompt • Personal • Professional 2080 NW Boca Raton Blvd. #6 • Boca Raton, FL 33431 (561) 750-8299 • (561) 750-8330 (fax)

Florida Dept. of State Division of Corporations PO Box 6327 Tallahassee, FL 32314 December 30, 2004

Re: Nancy Fox, PA

Nancy E Fox, PA EIN # 30-0106812 Reference # P02000081571

Dear Revenue Agent,

Please reinstate the corporation of Nancy E. Fox, PA. Please remove the penalties for failure to renew this PA. The mailing address was incorrect and the renewal notice was never received..

Any further questions, please feel free to call the above phone number.

Respectfully yours,

Paul Rubin

J & M Accounting & Tax Service Inc