


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000022586	
Entity Name DAISIS CARPIO, P.A.	


Principal Place of Business 2110 W. COMMERCIAL BOULEVARD, SUITE 3500 FORT LAUDERDALE, FL 33309	Mailing Address 2110 W. COMMERCIAL BOULEVARD, SUITE 3500 FORT LAUDERDALE, FL 33309
--	--

2. Principal Place of Business 54 Key West CRT Suite, Apt. #, etc.	3. Mailing Address 54 Key West CRT Suite, Apt. #, etc.
City & State Weston FL	City & State Weston FL
Zip 33326	Country U.S.A
Zip 33326	Country USA

FILED

06 MAR 14 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

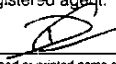


02242006 REIN-P CR2E098 (11/05)

4. FEI Number 33-1044013 NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARPIO, DAISIS 116 N. 13TH AVENUE, SUITE 202 HOLLYWOOD, FL 33019	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 54 Key West CRT City Weston FL Zip Code 33326
---	---

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  Daisis Carpio 2/24/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPIO, DAISIS 54 KEY WEST COURT WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500068109515 03/20/06--01024--007 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARPIO, TANIA 54 KEY WEST COURT WESTON, FL 33326 <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	SD FILACCHIONE, ROBERTO 54 KEY WEST COURT WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 3/17/06
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 REINSTATEMENT
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Daisis Carpio 2/24/06 (954) 394-6872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #