

attachment 1 of 2

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 OCT 10 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292008 REIN-P CR2E098 (1/07)

4. FEI Number
03-0512867

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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 registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	SHAFFER, CHARLES L	
STREET ADDRESS	2400 EAST COMMERCIAL BLVD	
CITY - ST - ZIP	FORT LAUDERDALE, FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	400136891674
CITY - ST - ZIP	10/14/08--01005--002 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

REINSTATEMENT 2008 KS

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: Charles L. Shaffer Jr 10/06/2008 (954) 873-9893

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THE BROWARD MEDICAL TIMES INC.

10/06/2008

To: Division of Corporations.
From: Mr. Charles L. Shaffer Jr. (President).

Dear, Sir or Madam.

I did not receive my annual report notice of reincorporation as I usually do every year. But did speak to a representative at the number provided from past filing papers, he then instructed me to attach this letter and a check for the fee of \$150.00 along with the letter he recently sent me asking that the late fees be waived. I thank you for taking your time in addressing this matter in order to keep our business running properly.

Sincerely, Yours

Charles L. Shaffer Jr.

Mr. Charles L. Shaffer Jr.
President and Founding
Publisher.