


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000037957</b> 1. Entity Name <b>MARCIA STERN, P.A.</b>	
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FILED

05 JAN -3 AM 11: 12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business POST OFFICE BOX 741165 BOYNTON BEACH, FL 33474-1165	Mailing Address POST OFFICE BOX 741165 BOYNTON BEACH, FL 33474-1165
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2. Principal Place of Business <b>7007 Lombardy Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>Two S. University Drive</b> Suite, Apt. #, etc. <b>Suite 215</b>
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12232004 REIN-P CR2E098 (6/04)

City & State <b>Boynton Beach, FL</b>	City & State <b>Plantation, FL</b>	4. FEI Number <b>68-0548367</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33437</b>	Country <b>U.S.</b>	Zip <b>33324</b>	Country <b>U.S.</b>

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

**6. Name and Address of Current Registered Agent**

COHEN, GREGORY R  
 712 U.S. HIGHWAY ONE  
 SUITE 400  
 NORTH PALM BEACH, FL 33408

**7. Name and Address of New Registered Agent**

Name **Brian Lynn**  
 Street Address (P.O. Box Number is Not Acceptable)  
**Two S. University Drive, Suite 215**  
 City **Plantation** **FL** Zip Code **33324**

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  **Brian Lynn** 12/23/04  
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, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STERN, MARCIA</b> POST OFFICE BOX 741165 BOYNTON BEACH, FL 334741165
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7007 Lombardy Street</b> <b>Boynton Beach, FL 33437</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600043808406</b> <b>01/03/05--01047--001 **150.00</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE:  **Marcia Stern** 12/30/04 561-737-0444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #