2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000041445				FIL_ED			
1. Entity Name MARI BUENO-SMITH P.A.				05 JAN -4 PM 4: 59			
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEL FLORIDA			
5660 N.E. 21 ROAD 5660 N.E. 21 ROAD				TALLAHASS: 1	, FLUNIUA		
FORT LAUDERDALE, FL 33308	FORT LAUDERDALE, FL 3	3308					
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					- 10	11175	
109-A	+	DE NESSOOT	A REIN-PUE NO	R2E098 (6/04)	04-05		
City & State	1 0 9 - A City & State	The Use Community		067631	CONTRACT AND	elled for	
Zip Country		FT CAUDENDALE Zip Country			No. \$8.75 Add	t Applicable	
33308	33308	Country	5. Certificate	of Status Desired	Fee Required		
	of Current Registered Agent		7. Name and	Address of New Register	red Agent		
BUENO-SMITH, MARI		Name MA	21 BUENO	SMITH			
5660 N.E. 21 ROAD	Street Address (P.O. Box Number is Not Acceptable)						
FORT LAUDERDALE, FL 3330	3015	N OCE	HN BLUD	10/	7		
		City				_	
· · ·			CANDERDALE		FL Zip Cod	808	
8. The above named entity submits this s me obligations of registered appent.	statement for the purpose of changing its reg	gistered office or	registered agent, or bo	th, in the State of Florida. I	am familiar with,	and accept	
10 10 10 10 10 10 10 10 10 10 10 10 10 1	(A) > katakh			ŀ	11.4104		
SIGNATURE Sign ture, typed or printed name of r	registered agent and title if applicable. (NOTE: Re	egistered Agent signal	lure required when reinstating) D/			
· · · · · · · · · · · · · · · · · · ·							
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00				In accordance with s. corporation did not re-	607.193(2)(b), ceive the prior r	F.S., the notice.	
20 5-6	ICERS AND DIRECTORS	11.		CHANGES TO OFFICERS			
NAME MARI BUEN	☐ Defele	TITLE NAME	MARI BUE	NO SMITH	☐ Change	Addition	
STREET ADDRESS 3015 N 00	CEAN BLUD 109-A	STREET ADDRESS	3015 N	OCCAN BLU	109-	A	
CITY-SI-ZIP FT LANDERDI		CITY-ST-ZIP	PT LANDE	DALE A	33308		
TITLE	☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADORESS		NAME STREET ADDRESS					
CITY-SÎ-ZIP		CITY-ST-ZIP					
TITLE	☐ Delete	TITLE .	<u></u>		Change	Addition .	
NAME		NAME STREET ADDRESS	n170	0004397 4/05010480	5055 100 ***	י חמ	
CITY-SI-ZIP		CITY-ST-ZIP	31, 0	01010 (იიი - დამინ	7.80	
TITLE	☐ Delete	TITLE		•	☐ Change	Addition	
NAME		NAME			-		
STREET ADDRESS CITY-ST-ZIP	1	STREET ADDRESS CITY-ST-ZIP					
TITLE	□ Delete	TITLE			☐ Change	Addition	
NAME	Delete	NAME			Critings		
STREET ADDRESS	•	STREET ADORESS					
CITY-SI-ZIP		CITY-ST-ZIP					
TITLE NAME	Delete	TITLE NAME			Change	Addition	
STREET ADORESS		STREET ADDRESS			•		
CITY_SL-2IP		CITY-ST-ZIP					
2. Thereby certify that the information s indicated on this report or suppleme	supplied with this filing does not qualify for the	e exemption state	ed in Section 119.07(3) ave the same legal effe	(i), Florida Statutes. I furthe	r certify that the in at I am an officer	nformation or director	
of the corporation or the receiver or t changed, or on an attachment with a	ntal report is true and accurate and that my strustee empowered to execute this report as an address, with all other like empowered.	required by Cha	pter 607, Florida Statut	es; and that my name appe	ars in Block 10 or	Block 11 if	
March 14170 14170 1015404 (924)27010627							
SIGNATURE: /V WW.	NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	MINI (10)	Daytime Phone #	<u> </u>	
<u></u>				. ,	,		

Mari Bueno-Smith PA. 3015 N Ocean Blvd #109-A Ft. Lauderdale, Fl 33308

December 23, 2004

Secretary of State Division of Corporations Annual Reports Filings 409 East Gaines St Tallahassee, Fl 32399

RE: Mari Bueno-Smith PA P03000041445

To Whom It May Concern:

Please find our check for \$300

Please note that we did not receive the Uniform Business Report.

We moved our location to the above address and our mail did not get forwarded.

Please accept this payment and form now and please abate all penalties and interest.

If you have any questions, please do not hesitate to contact me

Sincerely

Mari Bueho-Smith