## 2005 FOR PROFIT CORPORATION REINSTATEMENT

50011		KEIN9	·						_			
DOCUMENT # P0300062909  1. Entity Name ELIZABETH PAGE, P.A.								•	F	ILED		
Principal Place 95 NE 96 ST -MIAMI, FL 33		_ ·	95,NE	Address 96 ST I, FL 33138				, ,	05 NOV	7.7.7 M		
2. Principal Pla	ace of Business	<u> </u>		ng Address			·					
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				10062005	REIN-P	CR2E	(6/04)		
City & State	City & State		City 8	City & State					er 4115			plied For t Applicable
Zip		ountry	Zip		Coun	try			of Status Desired		\$8.75 Add Fee Require	
<del></del> -	6. Name and	Address of Cum	ent Registered	# Agent		Name		7. Name and	Address of Nev	v Registered		
PAGE, ELIZ	ZARETH	_				ivame						
9 ROYALPA	ALM WAY, # ON, FL 334						Street Address (P.O. Box Number is Not Acceptable)					
						City		-		FL	Zip Cod	9
9 The above of	named entity sul	mite this statemen	nt for the nurno		renistere	ed office or	registere	ed agent, or bo	th, in the State of	Florida. Lam	familiar with,	and accept
	ons of registered		it for the purpo	se of changing its	·og/olo/	34 011100 01		_				
the obligation	ons of registered	agent.	·									
the obligation	ons of registered		·					ed when reinstating	,	DATE		
the obligation	ons of registered Signature, typed or print E NOWIII FEE	agent, nted name of registered a	gent and title if applic					ad when reinstating	In accordance	e with s. 607		
the obligation	ons of registered Signature, typed or print E NOWIII FEE	agent.  Ited name of registered a  IS \$150.00  Fee will be \$30	gent and title if applic	cable (NOT			ture require	مانام بسائد المسائد ال	In accordance	e with s. 607 lid not receiv	e the prior	notice.
signature	ons of registered Signature, typed or pri E NOW!!! FEE uary 1, 2006,	agent.  Ited name of registered a  IS \$150.00  Fee will be \$30	gent and title if applic	cable (NOT	E: Registerv	ad Agent signal	ture require	مانام بسائد المسائد ال	In accordance corporation of	e with s. 607 lid not receiv	e the prior	notice.
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12. I hereby certify that the information supplied with this filling 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.

CICMATHDE.