





2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000080219 1. Entity Name MICHAEL CARLOS, P.A.				FILED 05 JAN 19 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 11555 HERON BAY BOULEVARD 200 CORAL SPRINGS, FL 33076		Mailing Address 11555 HERON BAY BOULEVARD 200 CORAL SPRINGS, FL 33076				
2. Principal Place of Business 122 Saratoga Blvd. W. Suite, Apt. #, etc.		3. Mailing Address 122 Saratoga Blvd. W. Suite, Apt. #, etc.				
City & State Royal Palm Beach, FL Zip 33411 Country USA		City & State Royal Palm Beach, FL Zip 33411 Country USA		4. FEI Number 76-6738208 Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WALTERS, RONALD J 11555 HERON BAY BOULEVARD 200 CORAL SPRINGS, FL 33076		
7. Name and Address of New Registered Agent Name Michael Carlos Street Address (P.O. Box Number is Not Acceptable) 122 Saratoga Blvd. W City Royal Palm Beach FL Zip Code 33411						
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  Michael Carlos P/D DATE 1/12/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
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	PD CARLOS, MICHAEL 11555 HERON BAY BLVD #200 CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	122 Saratoga Blvd. W Royal Palm Beach, FL 33411	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300044976703 01/19/05--01006--002 **150.00	<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	300044976703 01/19/05--01006--003 **150.00	<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 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:  Michael Carlos P/D DATE 1/12/2005 (S) 333-7581 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						