
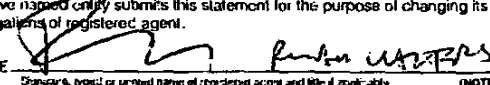
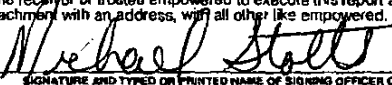


### 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -6 AM 11:29

<b>DOCUMENT # P03000109318</b>					
1. Entity Name <b>MICHAEL STOTTS, P.A.</b>					
Principal Place of Business 9784 NW 66TH PLACE PARKLAND, FL 33076			Mailing Address 9784 NW 66TH PLACE PARKLAND, FL 33076		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>33-1071626</b>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
-WALTERS, RONALD J. 11555 HERON BAY BLVD 200 CORAL SPRINGS, FL 33076			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 			DATE <b>10/20/04</b>		
SIGNATURE, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!! FEE IS \$150.00</b> After January 1, 2005, Fee will be \$380.00			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOTTS, MICHAEL		NAME		
STREET ADDRESS	9784 NW 66TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 33076		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			DATE: <b>10/20/04</b> DAYTIME PHONE: <b>954-410-3600</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		



10212004 REIN-P CR2E098 (6/04)

Applied For Not Applicable

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

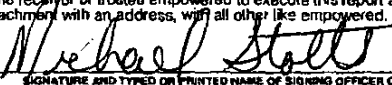
7. Name and Address of New Registered Agent

DATE 10/20/04

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

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOTTS, MICHAEL		NAME		
STREET ADDRESS	9784 NW 66TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	PARKLAND, FL 33076		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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SIGNATURE:  DATE: 10/20/04 DAYTIME PHONE: 954-410-3600

12/20/04