2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000016332

1. Entity Name
DANIEL I. SMALL, P.A.

FILED
06 DEC 26 AM 11: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI, FL 33131	201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI, FL 33131

08302006 REIN-P CR2E098 (11/05) 05-6

REINSTATEMENT

2. Principal Place of Business		3. Mailing Address	
200 SOUTH BISCAYNE BLVD		200 S. BISCAYNE BLVD.	
Suite, Apt. #, etc.: # 3400		Suite, Apt. #, etc.: # 3400	
City & State: MIAMI FL.		City & State: MIAMI FL.	
Zip: 33131-2397	Country: USA	Zip: FL. 33131	Country: USA.

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMALL, DANIEL I
201 SOUTH BISCAYNE BLVD SUITE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: SMALL, DANIEL I.
Street Address (P.O. Box Number is Not Acceptable): 200 SOUTH BISCAYNE BLVD. SUITE 3400
City: MIAMI, FL. FL Zip Code: 33131-2397

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: X
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMALL, DANIEL I 201 SOUTH BISCAYNE BLVD SUITE 3000 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition SMALL, DANIEL I. 200 SOUTH BISCAYNE BLVD. SUITE 3400 MIAMI FL. 33131-2397
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000082776340 12/26/06--01041--009 **900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #