


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000053919 1. Entity Name LAW OFFICES OF LISA KLINE GOLDSTEIN, P.A.						FILED 06 MAR 13 PM 12:15	
Principal Place of Business 1000 CORPORATE DRIVE 7TH FLOOR FORT LAUDERDALE, FL 33334				Mailing Address 307 GARDENIA ST WEST PALM BEACH, FL 33401 1000 CORPORATE DRIVE 7TH FLOOR FORT LAUDERDALE, FL 33334			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address 307 GARDENIA ST Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL				4. FEI Number 200925007		Applied For <input type="checkbox"/> Not Applicable	
Zip 33401		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03092006 REIN-P CR2E098 (11/05)	
6. Name and Address of Current Registered Agent GOLDSTEIN, LISA KLINE 1000 CORPORATE DRIVE FORT LAUDERDALE, FL 33334				7. Name and Address of New Registered Agent 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 <i>[Signature]</i> Lisa Kline Goldstein <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 3/9/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 P GOLDSTEIN, LISA KLINE 1000 CORPORATE DRIVE, 7TH FLOOR FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 900068107189 03/20/06--01021--018 **908.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>[Signature]</i> STATEMENT OF <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 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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 <i>[Signature]</i> Lisa Kline Goldstein <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 3/9/06 Daytime Phone # 561-832-6601			