

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000115433 1. Entity Name CPA NATION INCORPORATED						FILED 08 NOV 25 PM 4:27 CLERK OF COURT PALM BEACH, FLORIDA 	
Principal Place of Business 477 S. ROSEMARY AVE. #301 WEST PALM BEACH, FL 33401				Mailing Address 477 S. ROSEMARY AVE. #301 WEST PALM BEACH, FL 33401			
2. Principal Place of Business - No P.O. Box # 1700 Meridian Avenue		3. Mailing Address 1700 Meridian Avenue		Suite, Apt. #, etc. 501		Suite, Apt. #, etc. 501	
City & State Miami Beach, Florida		City & State Miami Beach, Florida		4. FEI Number 20-1478952		Applied For <input type="checkbox"/> Not Applicable	
Zip 33139-1842		Country USA		Zip 33139-1842		Country USA	
6. Name and Address of Current Registered Agent FRIEDLAND & CO. P.A. 12940 SOUTHWEST 128TH ST. #202 MIAMI, FL 33186				7. Name and Address of New Registered Agent Name Iain Grae Street Address (P.O. Box Number is Not Acceptable) 1700 Meridian Ave., Unit 501 City Miami Beach			
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.				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
SIGNATURE <u>Iain Grae Iain Grae</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11/15/2008</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE MR. <input checked="" type="checkbox"/> Delete NAME SICKENIUS, MICHAEL STREET ADDRESS 477 S. ROSEMARY AVE., STE. 301 CITY-ST-ZIP WEST PALM BEACH, FL 33401				TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME IAIN GRAE STREET ADDRESS 1700 MERIDIAN AVE., UNIT 501 CITY-ST-ZIP MIAMI BEACH, FL 33139-1842			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME MICHAEL LASTORIA STREET ADDRESS 1700 MERIDIAN AVE., UNIT 501 CITY-ST-ZIP MIAMI BEACH, FL 33139-1842			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				11/25/08--01033--005 ***200.00 300136820643			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				10/10/08 01041 009 \$558.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP				TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP			
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: <u>Iain Grae Iain Grae</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>11/15/2008</u> <u>212 509 5218</u> <small>Date Daytime Phone #</small>			