FROM :LAZARUS FAX NO. :3052201440 Jan. 10 2006 01:52PM P1

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 JAN 13 PM 2:12

SEC. ... STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

DOCUMENT # P04000142760

1. Entity Name

JOSE MACEDO, O.D., P.A.

Principal Place of Business / Mailing Address

1610 NE 163rd Street
N. Miami Beach, Fl. 33162

01042005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
1610 NE 163 St		1610 NE 163 St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: N Miami Beach		City & State: N Miami Beach	
Zip: 33162	Country: USA	Zip: 33162	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

Jose Macedo
1610 NE 163 Street
N Miami Beach, Fl. 33162

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 [signature] 1/10/06

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

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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S/D Jose Macedo 1610 NE 163 St N Miami Beach, fl.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD	☐ Change ☐ Addition
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01/24/06 01051 012 **300.00

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: [signature] President 1/10/06 305-945-7301