

FROM : LAZARUS

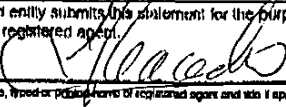
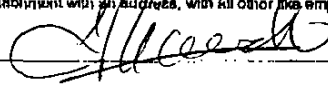
FAX NO. : 3052201440

Jan. 10 2006 01:52PM P1

**2005 FOR PROFIT CORPORATION
REINSTATEMENT****FILED**

06 JAN 13 PM 2:12

SEC. OF STATE
TALLAHASSEE, FLORIDA**REINSTATEMENT** 05-06

DOCUMENT # P04000142760			
1. Entity Name JOSE MACEDO, O.D., P.A.			
Principal Place of Business 1610 NE 163rd Street N. Miami Beach, Fl. 33162		Mailing Address	
2. Principal Place of Business 1610 NE 163 St Suite, Apt. #, etc.		3. Mailing Address 1610 NE 163 St Suite, Apt. #, etc.	
City & State N Miami Beach Zip 33162 Country USA		City & State N Miami Beach 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:  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. 607.163(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 <i>PSD</i> NAME Jose Macedo ☐ Delete STREET ADDRESS 1610 NE 163 St CITY-ST-ZIP N Miami Beach, fl.		TITLE <i>PSD</i> NAME <i>PSD</i> ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP <i>800064410108</i> <i>01/24/06 01051 012 ***200 00</i> ☐ Change ☐ Addition	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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:  President 1/10/06 305-945-7301			