

### 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 OCT 13 AM 10:21

SECURITY DATE



10032005 REIN-P CR2E098 (8/04)

<b>DOCUMENT # P04000146039</b>			
1. Entity Name <b>JORGE DE LA MAR, P.A.</b>			
Principal Place of Business <b>6712 SW 148TH PLACE MIAMI, FL 33193</b>		Mailing Address <b>6712 SW 148TH PLACE MIAMI, FL 33193</b>	
2. Principal Place of Business <b>7925 NW 12 Street</b> Suite, Apt. #, etc. <b>324</b>		3. Mailing Address <b>7925 NW 12 Street</b> Suite, Apt. #, etc. <b>324</b>	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33126</b>	Country <b>USA</b>	Zip <b>33126</b>	Country <b>USA</b>
4. FEI Number <b>\$ 20-1801215</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DE LA MAR, JORGE 6712 SW 148TH PLACE MIAMI, FL 33193</b>		7. Name and Address of New Registered Agent Name <b>DE LA MAR, JORGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7925 NW 12 Street</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33126</b>	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>10/05/05</b>			
FILE NOW!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DE LA MAR, JORGE 6712 SW 148TH PLACE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE LA MAR, JORGE 7925 NW 12 Street Suite 324 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LA MAR, JORGE 6712 SW 148TH PLACE MIAMI, FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DE LA MAR, JORGE 7925 NW 12 Street Suite 324 Miami, FL 33126
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
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 <b>600060586596</b> <b>10/13/05--01064--006 **750.00</b>
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
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 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:		Date	Daytime Phone #
		<b>10/05/05</b>	<b>305-599-8999</b>

REINSTATEMENT