



## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000146069</b> 1. Entity Name <b>JORGE DE LA MAR, P.A.</b>						<b>FILED</b> <b>06 OCT 31 AM 9: 56</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 06					
Principal Place of Business <b>7925 NW 12 STREET</b> <b>STE 324</b> <b>MIAMI, FL 33126 US</b>				Mailing Address <b>7925 NW 12 STREET</b> <b>STE 324</b> <b>MIAMI, FL 33126 US</b>							
2. Principal Place of Business			3. Mailing Address			4. FEI Number		Applied For		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<b>20-1801215</b>					
City & State			City & State			5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
Zip		Country		Zip		Country					
<b>6. Name and Address of Current Registered Agent</b>						<b>7. Name and Address of New Registered Agent</b>					
<b>DE LA MAR, JORGE</b> <b>7925 NW 12 STREET</b> <b>STE 324</b> <b>MIAMI, FL 33126</b>						Name Street Address (P.O. Box Number is Not Acceptable) City State: <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____											
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>						<b>300081395423</b> <b>10/31/06--01077--010 **750.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	PST	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>DE LA MAR, JORGE</b>				NAME						
STREET ADDRESS	<b>7925 NW 12 STREET, STE 324</b>				STREET ADDRESS						
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>				CITY-ST-ZIP						
TITLE	VP	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	<b>DE LA MAR, JORGE</b>				NAME						
STREET ADDRESS	<b>7925 NW 12 STREET, STE. 324</b>				STREET ADDRESS						
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>				CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					NAME						
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					NAME						
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP					CITY-ST-ZIP						
TITLE	<input type="checkbox"/> Delete				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME					NAME						
STREET ADDRESS					STREET ADDRESS						
CITY-ST-ZIP					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: _____						Date _____ Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											