2005 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTATEMENT						FILED				
DOCUMENT # P04000146906							ست دیا ا	a l'ass'			
1. Entity Name MIMI CODIO, PA					2005 OCT 18 PM 12: 31						
Principal Plac	e of Busines	<u> </u>	- CAND		ECRETARY OLLAHASSEE	FISTATE					
2298 NW 3R	D AVE		Maliing Address 2298 NW 3RD AVE			TA!	LLAHASSEE	FLURIUA			
BOCA RATON	I, FL 3343 ⁻	I US	BOCA RATON, FL 33431 US								
2. Principal P	lane of Bueir	2000	3 Mailing Address	3. Mailing Address							
		1000					BONY OTHER BOST BUSINESS	2 3 5 3 5	 	E	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		09282005	REIN-P	CR2E098	(6/04)			
City & State			City & State			4. FEI Numb	9r			olied For Applicable	
Zíp	Country		Žip	Coun	itry	5. Certificate	of Status Desired		75 Addit	tional	
	6. Name	and Address of Curren	t Registered Agent	legistered Agent		7. Name and	Address of New Re		it		
CODIO, M	IRLENE			Name							
2298 NW 3RD AVE BOCA RATON, FL 33431					Street Address (P.O. Box Number is Not Acceptable)						
							·				
					City FL Zip Code						
8. The above named entity submits this statement for the ourpose 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 Trulena Colio 10/13/05											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00							In accordance w corporation did				
10.		OFFICERS ANI	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIR	ECTORS	IN 11	
TITLE NAME					E	91	000606		Change	☐ Addition	
STREET ADDRESS	l .	3RD AVE			EET ADDRESS	10/18/0501004014 **150.00			00		
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12. I hereby certify that the information supplied with this filling 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/of 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 an other like empowered.											
SIGNATURE: 10/12/05											
4.4.IAI	~··-· -	SIGNATURE AND TORSE OF	ADINTED NAME OF CIOMINA OFFIT ED	THE PROPERTY	m5***		Data	Deutima	Phone #	— I	

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