## 2006 FOR PROFIT CORPORATION REINSTATEMENT

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## FILED **DOCUMENT # P04000168200** 06 HAR 15 PY 3: 20 SIMÓN INVESTMENT ADVISORY SERVICES, INC. SECRETOR Principal Place of Business Mailing Address TALLAHAS: 2255 GLADES ROAD 2255 GLADES ROAD SUITE 324A SUITE 324A BOCA RATON, FL 33431 BOCA RATON, FL 33431 US 2. Principal Place of Business 3720 5 Octor <u> 770</u> S Suite, Apt. #, etc Suite, Apt. #, etc. 60d 4<del>a</del>, Wor Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SIMON, HERMAN Street Address (P.O. Box Number is Not Acceptable) 3720 SOUTH OCEAN BOULEVARD APT. 602 HIGHLAND BEACH, FL 33487 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 lamiliar with, and accept the obligations of Herman noMiC SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change ☐ Addition TITLE D ☐ Delete TITLE SIMON, HERMAN NAME NAME STREET ADDRESS 2255 GLADES ROAD, SUITE 324A STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME 600069546756 04/05/06--01041--012 \*\*\*300.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE 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: Herman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR