


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000173559		
1. Entity Name STEPHEN N. ZACK, P.A.		

Principal Place of Business 2699 SOUTH BAYSHORE DRIVE SUITE 500 MIAMI, FL 33133	Mailing Address 2699 SOUTH BAYSHORE DRIVE SUITE 500 MIAMI, FL 33133
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  KTG&S REGISTERED AGENT CORPORATION 100 SOUTHEAST 2ND STREET, SUITE 2800 MIAMI, FL 33131	
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FILED  
08 NOV -5 AM 11:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08  
10302008 FEB 02 08:28:08 (1/07)

4. FEI Number 20-2074888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZACK, STEPHEN N 100 SOUTHEAST 2ND STREET, 28TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500137671035 11/05/08--01034--010 **150.00
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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 an other like empowered.

SIGNATURE:  CPA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 10/31/08  
Daytime Phone #