


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000125779		
1. Entity Name SHELDON PALEY, P. A.		

Principal Place of Business 512 HORNBLLOWER LANE LONGBOAT KEY, FL 34228 US	Mailing Address 512 HORNBLLOWER LANE LONGBOAT KEY, FL 34228 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

106620064 REINSTATE CR25008 11/05/06

REINSTATEMENT


4. FEI Number
20-3435809

Applied For
Not Applicable

6. Name and Address of Current Registered Agent	
PALEY, SHELDON 512 HORNBLLOWER LANE LONGBOAT KEY, FL 34228	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

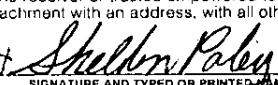
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PALEY, SHELDON 512 HORNBLLOWER LANE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082443584 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/11/06--01059--015 **750.00
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
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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 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:  SHELDON PALEY Date: Dec 7, 2007 Daytime Phone #: 941-356-1857

FILED
06 DEC 11 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. Mitchell DEC 11 2006