2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000032653

1. Entity Name
BERNARD W. STEELE II, P.A.

FILED
09 JAN 23 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1504 BAY ROAD #3304 MIAMI BEACH, FL 33139 US	1504 BAY ROAD #3304 MIAMI BEACH, FL 33139 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1365 Daytonia Road	1365 Daytonia Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach Florida	City & State: Miami Beach FL
Zip: 33141 Country: USA	Zip: 33141 Country: USA

01132009 REIN-P CR2E098 (1/07)

4. FEI Number 20-4686635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEELE, BERNARD 1504 BAY ROAD 3304 MIAMI BEACH, FL 33139	Name: Allan Kolton CPA Street Address (P.O. Box Number is Not Acceptable): 1717 N. Bayshore Dr #116 City: Miami FL Zip Code 33132

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] Allan Kolton 1/13/09
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEELE, BERNARD W II 1504 BAY ROAD UNIT 3304 MIAMI, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Steele, Bernard W 1365 Daytonia Road Miami Beach FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600141889696 01/23/09--01046--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 1/13/09 561-801-2735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #