
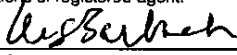
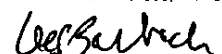


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2005 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P93000029173			
1. Entity Name DR. LEE S. BARBACH, P.A.			
Principal Place of Business 18189 BISCAYNE BOULEVARD AVENTURA, FL 33160 US		Mailing Address 18189 BISCAYNE BOULEVARD AVENTURA, FL 33160 US	
2. Principal Place of Business 20754 West Dixie Hwy		3. Mailing Address 3028 NE 183 Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180		Country USA	
4. FEI Number 65-0402002		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARBACH, LEE S 18189 BISCAYNE BOULEVARD AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name: LEE S. BARBACH Street Address (P.O. Box Number is Not Acceptable): 3028 NE 183 Lane City: Aventura FL Zip Code: 33160	
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:  LEE S. BARBACH		PRESIDENT 3/3/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	PSD BARBACH, LEE S 18189 BISCAYNE BOULEVARD AVENTURA, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEE S. BARBACH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3028 NE 183 Lane Aventura, FL 33160
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 400048991714 03/23/05--01034--015 ***300.00
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 REINSTATEMENT 04-05
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
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 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 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:  LEE S. BARBACH		3/3/05 305-932-5505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	