2005 FOR PROFIT CORPORATION REINSTATEMENT

MAY 05 2005

FILED
05 APR 26 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04-05

DOCUMENT # P94000070366

1. Entity Name
WENDY A. SEIDLIN, P.A.

Principal Place of Business	Mailing Address
1314 EAST LAS OLAS BLVD #1041 FORT LAUDERDALE, FL 33301	~~8701 GATEHOUSE RD~~ ~~PLANTATION, FL 33324~~

04222005 REIN-P CR2E098 (6/04)

2. Principal Place of Business		3. Mailing Address	
		1314 E. LAS Olas Blvd #1041	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Fort Lauderdale, FL	
Zip	Country	Zip: 33301	Country: USA

4. FEI Number: 65-0529218 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEIDLIN, WENDY A ESQ
4280 GALT OCEAN DRIVE
#8A
FORT LAUDERDALE, FL 33308

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] 4/26/05
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	DP SEIDLIN, WENDY A 1314 EAST LAS OLAS BLVD #1041 FORT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST SEIDLIN, WENDY A 1314 EAST LAS OLAS BLVD #1041 FORT LAUDERDALE, FL 33301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600054225008 05/10/05--01082--010 **300.00 ☐ Change ☐ Addition
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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 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: [signature] 4/26/05 954 4745612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #