

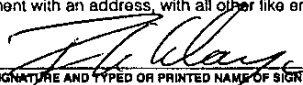


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 12 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P95000019396</b> 1. Entity Name ALAYON & ASSOCIATES, P.A.					
Principal Place of Business 2450 SW 137 AVE. STE 221 MIAMI, FL 33175 US		Mailing Address 2450 SW 137 AVE. STE 221 MIAMI, FL 33175 US			
2. Principal Place of Business 4551 Ponce De Leon Blvd. Suite, Apt. #, etc.		3. Mailing Address 4551 Ponce De Leon Blvd. Suite, Apt. #, etc.			
City & State Coral Gables, FL Zip: 33146 Country: USA		City & State Coral Gables, FL Zip: 33146 Country: USA		4. FEI Number 65-0560962 Applied For: <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10102005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent A & A REGISTERED AGENT, INC 2450 SW 137TH AVE. STE 221 MIAMI, FL 33175			7. Name and Address of New Registered Agent Name: A & A Registered Agent, Inc. Street Address (P.O. Box Number is Not Acceptable): 4551 Ponce De Leon Blvd. City: Coral Gables, FL Zip Code: 33146		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PSTD NAME: ALAYON, RICHARD A ESQ. STREET ADDRESS: 2450 SW 137TH AVE., STE 221 CITY-ST-ZIP: MIAMI, FL 33175	<input type="checkbox"/> Delete		TITLE: PSTD NAME: ALAYON, RICHARD A ESQ. STREET ADDRESS: 4551 Ponce De Leon Blvd. CITY-ST-ZIP: Coral Gables, FL 33146	<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	
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: 			10-10-05 (305) 221-2110		Date: _____ Daytime Phone #: _____