P95000097300

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB 28 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097300

1. Corporation Name
MARKUS E. JAKOBSON, P.A.

2. Principal Office Address	3. Mailing Office Address
4700 NW BOCA RATON Blvd	4700 NW Boca Raton Blvd
Suite, Apt. #, etc. Fourth Floor	Suite, Apt. #, etc. Fourth Floor
City & State Boca Raton Florida	City & State Boca Raton Florida
Zip 33431 Country USA	Zip 33431 Country USA

REINSTATEMENT 97-07

4. Date Incorporated or Qualified To Do Business in Florida 12/27/1995 SP

5. FEI Number 650640441 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARKUS E JAKOBSON

Street Address (P.O. Box Number is Not Acceptable): 4700 NW BOCA RATON Blvd

Suite, Apt. #, Etc.: Fourth Floor

City: Boca Raton — State: FL — Zip Code: 33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 2/27/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MARKUS E JAKOBSON	4700 NW Boca Raton Blvd 4th Floor	Boca Raton, Fl, 33431
			300003790043--5

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ MARKUS JAKOBSON 2/27/01 561-443-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2 of 2

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : ~~059150~~ ~~165301A~~

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1358.75

ORDER DATE : February 28, 2001

ORDER TIME : 12:48 PM

ORDER NO. : 059150-005

CUSTOMER NO: 165301A

CUSTOMER: Markus Jakobson, Esq
Markus E. Jakobson, P.a.
4th Floor
4700 Nw Boca Raton Blvd.
Boca Raton, FL 33431

DOMESTIC FILINGS

NAME: MARKUS E. JAKOBSON, P.A.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS _____

RECEIVED
01 FEB 28 PM 1:37
DIVISION OF CORPORATION