

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000078500 1. Entity Name BRETT SCOTT HIRSCH, P.A.				FILED 07 MAY -1 PM 1:58 IN THE CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1970 BOYCE ST SARASOTA, FL 34239		Mailing Address 1970 BOYCE ST SARASOTA, FL 34239		 REINSTATEMENT 0406107 FILING FEE \$98 (1/07) 06-07	
2. Principal Place of Business - No P.O. Box # 5055 N Tamiami Trail		3. Mailing Address 5055 N Tamiami Trail			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34234		Country USA		4. FEI Number 65-0707307	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent HIRSCH, BRETT S 1970 BOYCE ST SARASOTA, FL 34239			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5055 N Tamiami Trail City Sarasota FL Zip Code 34234		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 _____					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRSCH, BRETT S 1920 BOYCE ST SARASOTA, FL 34239	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5055 N Tamiami Trail Sarasota, FL 34234	<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 800103190208 05/24/07--01015--004 **900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 4/23/07			Daytime Phone # 941-342-8346		