

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

05 MAY 11 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05092005 REIN-P CR2E098 (6/04) *MRS*

4. FEI Number  
65-0744838

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

TAYLOR, BRENDA E  
2701 SOUTH BAYSHORE DRIVE  
SUITE 315  
MIAMI, FL 33133

## 7. Name and Address of New Registered Agent

Name  
Roland Sanchez-Medina, Jr.  
Street Address (P.O. Box Number is Not Acceptable)  
Sanchez-Medina & Associates, P.A.  
2333 Ponce de Leon Blvd., Ste 302  
City Coral Gables FL Zip Code 33134

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*May 9, 2005*

**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

TITLE  
NAME PST  
STREET ADDRESS TAYLOR, BRENDA E  
CITY-ST-ZIP 2701 SOUTH BAYSHORE DRIVE, SUITE 315  
MIAMI, FL 33133 ☐ Delete

TITLE  
NAME VP  
STREET ADDRESS MCJOYNT, TIMOTHY J  
CITY-ST-ZIP 2701 SOUTH BAYSHORE DRIVE, SUITE 315  
MIAMI BEACH, FL 33133 ☐ Delete

TITLE  
NAME AS  
STREET ADDRESS Roland Sanchez-Medina, Jr.  
CITY-ST-ZIP 2333 Ponce de Leon Blvd., Ste 302 ☐ Delete

TITLE  
NAME Suite 302  
STREET ADDRESS Coral Gables, FL 33134 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

**REINSTATEMENT 04-05**

400055200814  
05/24/05--01076--011 \*\*300.00

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]* AS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*May 9, 2005* Date  
*(307) 448-4214* Daytime Phone #