2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P97000044581

Entity Name: MIKAL W. GRASS, P.A.

Current Principal Place of Business:

701 W. CYPRESS CREEK RD
#302
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

Current Mailing Address:

701 W. CYPRESS CREEK RD
#302
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

FEI Number: 65-0772856 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRASS, MIKAL W
701 W. CYPRESS CREEK RD
STE 302
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

REED, STUART ESQ
3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

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.

SIGNATURE: STUART REED, ESQ. 04/15/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: GRASS, MIKAL W
Address: 701 W. CCYPRES CRK RD #302
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D (X) Delete
Name: GRASS, MIKAL W
Address: 701 W. CCYPRES CRK RD #302
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition
Name: GRASS, MIKAL W ESQ.
Address: 3132 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 3

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKAL W. GRASS PVST 04/15/2009
Electronic Signature of Signing Officer or Director Date