

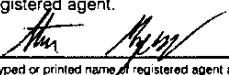
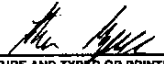


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000006896 1. Entity Name STEVEN MYERS, INC.						FILED 06 JAN -3 PM 4:14 	
Principal Place of Business 1535 SE 17TH STREET SUITE 111 FORT LAUDERDALE, FL 33316 US				Mailing Address 1535 SE 17TH STREET SUITE 111 FORT LAUDERDALE, FL 33316 US			
2. Principal Place of Business 1495 FOREST HILL BLVD		3. Mailing Address 1495 FOREST HILL BLVD		Suite, Apt. #, etc. STE B		Suite, Apt. #, etc. STE B	
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 65-0808280		Applied For <input type="checkbox"/> Not Applicable	
Zip 33406		Country US		Zip 33406		Country US	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				12152005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent MYERS, STEVEN 1535 SE 17TH STREET SUITE 111 FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent Name myers, steven Street Address (P.O. Box Number is Not Acceptable) 1495 FOREST HILL BLVD STE B City WEST PALM BEACH FL Zip Code 33406			
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 				DATE 12/15/05			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME MYERS, STEVEN STREET ADDRESS 1535 SE 17TH STREET, SUITE 111 CITY-ST-ZIP FORT LAUDERDALE, FL 33316				TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MYERS, STEVEN STREET ADDRESS 1495 FOREST HILL BLVD STE B CITY-ST-ZIP WEST PALM BEACH, FL 33406			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: 				DATE 12/15/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			