

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000009949

FILED  
Oct 27, 2009  
Secretary of State

Entity Name: SACHER, MARTINI & SACHER, P.A.

**Current Principal Place of Business:**

2655 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2655 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0810545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SACHER, CHARLES P  
2655 LEJEUNE ROAD, SUITE 1101  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: CHARLES P. SACHER

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: D ( ) Delete  
Name: SACHER, CHARLES P  
Address: 2655 LEJEUNE ROAD, SUITE 1101  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: MARTINI, GREGORY T  
Address: 2655 LEJEUNE ROAD, SUITE 1101  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: SACHER, CHARLES S  
Address: 2655 LEJEUNE ROAD, SUITE 1101  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CHARLES P. SACHER

Electronic Signature of Signing Officer or Director

PRES

10/27/2009

Date