

## 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P98000021692</b> 1. Entity Name LAW OFFICES OF CARLO JEAN-JOSEPH, PROFESSIONAL ASSOCIATION	
---	---

FILED

05 OCT 31 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6730 W COMMERCIAL BLVD LAUDERHILL, FL 33319 US	Mailing Address 6730 W COMMERCIAL BLVD LAUDERHILL, FL 33319 US
--	--

2. Principal Place of Business  Suite, Apt., #, etc.	3. Mailing Address  Suite, Apt., #, etc.
--	--

City & State  Zip      Country	City & State  Zip      Country
--------------------------------------	--------------------------------------



4. FEI Number 65-0819639	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  JEAN-JOSEPH, CARLO 6730 W COMMERCIAL BLVD LAUDERHILL, FL 33319	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
---	--

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 \_\_\_\_\_

Signature, type or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>	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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-JOSEPH, CARLO	NAME	800061046758
STREET ADDRESS	6730 W COMMERCIAL BLVD	STREET ADDRESS	10/31/05--01049--016    **150.00
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

REINSTATEMENT 05

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: 10-20-05      Daytime Phone #: 854-742-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR