


2006 FOR PROFIT CORPORATION REINSTATEMENT

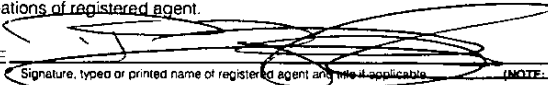
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| DOCUMENT # P98000031557 | |  |
| 1. Entity Name JEFFREY I. COHEN, P.A. | | |

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| Principal Place of Business 21301 POWERLINE ROAD STE 106 BOCA RATON, FL 33433 | Mailing Address 21301 POWERLINE ROAD STE 106 BOCA RATON, FL 33433 |
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| 2. Principal Place of Business 331 San Remo Drive | 3. Mailing Address 331 San Remo Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |


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| City & State Jupiter, Florida | City & State Jupiter, Florida |
| Zip 33458 | Country US |

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| 6. Name and Address of Current Registered Agent GASS, DANIEL G 10001 NW 50 STREET #204 SUNRISE, FL 33351 | | 7. Name and Address of New Registered Agent Name Peter M. Bernhardt, Esq. Street Address (P.O. Box Number is Not Acceptable) McDonald Hopkins Co., P.A. 250 Australian Ave., Suite 700 City West Palm Beach FL Zip Code 33401 | |
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| 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  <small>Signature, typed or printed name of registered agent and title if applicable</small> | DATE 2/16/06 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COHEN, JEFFREY I 21301 POWERLINE RD STE 106 BOCA RATON, FL 33433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 331 San Remo Drive Jupiter, FL 33458 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3/31 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 2/16/06 <small>Daytime Phone #</small> |

FILED
06 MAR 28 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02982006 V CREIN-P: 05-06
CR2E098 (11/05)

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