1 of 2

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 04

DOCUMENT # P98000048950

1. Entity Name
MICHAELEEN BURNS & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
260 CRANDEN BLVD #32-129 KEY BISCAYNE, FL 33149	260 CRANDEN BLVD #32-129 KEY BISCAYNE, FL 33149

10202004 REIN-P CR2E099 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 32, PMB 129
City & State	City & State KEY BISCAYNE, FL
Zip / Country	Zip / Country 33149 / US

4. FEI Number
65-0854152
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHN ALLEN DAUM CPA, PA 10512 SW 137TH PLACE MIAMI, FL 33186	Name MITCHELL J HOWARD, CPA Street Address (P.O. Box Number is Not Acceptable) 3800 S. OCEAN DR STE 219 City HOLLYWOOD FL Zip Code 33019

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 Mitchell J Howard 10/20/04
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, 2005, Fee will be $360.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, MICHAELEEN 1428 BRICKELL AVENUE SUITE 401 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	260 CRANDEN BLVD, STE 32 PMB 129 KEY BISCAYNE, FL 33149	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHEIB, MIROS 1428 BRICKELL AVENUE SUITE 401 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	260 CRANDEN BLVD, STE 32 PMB 129 KEY BISCAYNE, FL 33149	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400042155684 10/25/04--01058--012 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

(X) SIGNATURE: Michaeleen Burns 11/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Feed 2

Mitchell J. Howard
CERTIFIED PUBLIC ACCOUNTANT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 20, 2004

Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Michaeleen Burns & Associates, Inc.
Period/Form: 2004 Annual Report
FEIN: 65-0854152

Dear Sir or Madam:

I write on behalf of the above referenced taxpayer, specifically to address the enclosed late filing of the 2004 Annual Business Report.

The taxpayer did not receive the form via US Mail. However, the address of record is correct. I respectfully request that you consider waiving the penalty that normally follows in this situation, as the penalty is a financial hardship for this organization. Enclosed is the 2004 payment of $150.

Your consideration toward this matter is greatly appreciated. Please issue a closing letter directly to the taxpayer upon your determination.

Very truly yours,

Mitchell J. Howard

Enclosures

3800 SO. OCEAN DRIVE · SUITE 219 · HOLLYWOOD, FL 33019 · TELEPHONE: (954) 454-1119 · FAX: (954) 454-8114
email address: mhowardcpa@aol.com