

2005 FOR PROFIT CORPORATION REINSTATEMENT

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FILED

05 NOV -9 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11072005 REIN-P 20098 (6/04)

DOCUMENT # P98000108411 1. Entity Name ROBERT A. PASCAL, P.A.					
Principal Place of Business 300 S.W. 7TH AVENUE FORT LAUDERDALE, FL 33138			Mailing Address 300 S.W. 7TH AVENUE FORT LAUDERDALE, FL 33138		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 26-6250314	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PASCAL, ROBERT 300 S.W. 7TH AVENUE FORT LAUDERDALE, FL 33138				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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 NAME D PASCAL, ROBERT A <input type="checkbox"/> Delete STREET ADDRESS 300 S.W. 7TH AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33138			TITLE NAME 100061304611 <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 11/09/05--01063--013 **150.00 CITY-ST-ZIP		
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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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 11-5-05 Daytime Phone #: 954-522-4090					

ROBERT A PASCAL, PA

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ATTORNEY AT LAW
300 Southwest Seventh Avenue
Fort Lauderdale, Florida 33312
Tel: (954) 522-4090
Fax: (954) 522-5615

Florida Secretary of State
Division of Corporations
Reinstatements
P.O. Box 6327
Tallahassee, FL 32314

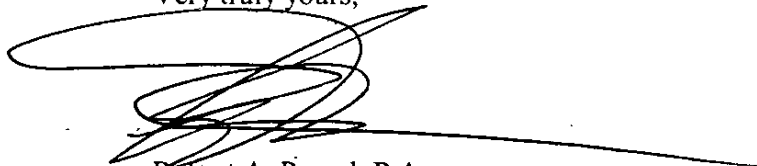
Re: Robert Pascal, P.A.
P9800108411

Dear Sir or Madam:

Enclosed, please find my reinstatement form with \$150.00. I did not receive the standard form for the annual report in the mail and that is the reason why it was not mailed until this date when I received a notice of dissolution.

Thank-you for your cooperation in this matter.

Very truly yours,



Robert A. Pascal, P.A.