

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000008717

FILED  
Dec 23, 2005  
Secretary of State

Entity Name: SHAPIRO AND GERTH, CHARTERED

## Current Principal Place of Business:

1075 DUVAL ST.  
C-4  
KEY WEST, FL 33040

## New Principal Place of Business:

3412 DUCK AVE.  
KEY WEST, FL 33040

## Current Mailing Address:

PO BOX 2819  
KEYWEST, FL 330412819

## New Mailing Address:

3412 DUCK AVE.  
KEYWEST, FL 33040

FEI Number: 65-0896766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

GERTH, ELIAS  
3632 SUNRISE DR  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

GERTH, ELIAS  
3412 DUCK AVE.  
KEY WEST, FL 33040 US

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: ELIAS J. GERTH, MD

12/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHAPIRO, GILBERT MD  
Address: 540 TRUMAN AVE  
City-St-Zip: KEY WEST, FL 33040

Title: S ( ) Delete  
Name: GERTH, ELIAS J MD  
Address: 3632 SUNRISE DR  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition  
Name: GERTH, ELIAS J MD  
Address: 3412 DUCK AVE.  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIAS J. GERTH, MD

VP

12/23/2005

Electronic Signature of Signing Officer or Director

Date