



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P99000088354</b> 1. Entity Name <b>P &amp; L SERVICES OF MIAMI, INC.</b>						<b>FILED</b> <b>05 OCT -6 PM 4:35</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business <b>11110 N. KENDALL DRIVE #200</b> <b>MIAMI, FL 33176</b>				Mailing Address <b>11110 N. KENDALL DRIVE #200</b> <b>MIAMI, FL 33176</b>							
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		 <b>REINSTATEMENT 2005</b> 09/22/2005 10:05:00 AM							
City & State		City & State									
Zip	Country	Zip	Country								
4. FEI Number <b>65-0973641</b>								Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>W00</b>							
6. Name and Address of Current Registered Agent  <b>HAMM, PATRICIA</b> <b>11110 N KENDALL DRIVE #200</b> <b>MIAMI, FL 33176</b>								7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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.								<b>9/6/05</b>			
SIGNATURE: <i>Patricia Hamm</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>											
<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.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMM, PATRICIA 11110 N. KENDALL DRIVE #200 MIAMI, FL 33176			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700060831287</b> <b>10/20/05--01056--011 **150.00</b>						
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	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.											
SIGNATURE: <i>Patricia Hamm</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>9/6/05</b> Daytime Phone #							