

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		1050.00 reinst 17.50 2 cus's <hr/> 1067.50
DOCUMENT # 521452 1. Corporation Name -STEINBERG & SLEWETT, P.A.				98 MAR 11 AM 11:14 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 767 Arthur Godfrey Rd. Miami Beach, FL 33140		Mailing Address SAME		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable N/A Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable N/A Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/30/76
City & State		City & State		5. FEI Number 59-1707789
Zip	Country	Zip	Country	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4	
P/D	Paul B. Steinberg	767 Arthur Godfrey Rd.	Miami Beach, FL 33140	
			500002459245--8 -03/17/98--01031--011 ***102.50 ***1067.50	
		REINSTATEMENT 96-78		
		REINSTATEMENT 96-98 2 cus's		
8. Name and Address of Current Registered Agent Paul B. Steinberg 767 Arthur Godfrey Road Miami Beach, FL 33140			9. Name and Address of New Registered Agent Name VS MAR 16 1998 Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 3/6/98				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)				
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.				
SIGNATURE:			3/6/98 538-2344 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Paul B. Steinberg, President				

CR2E040 (1/98)