PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM LED

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## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

04 MAY 21 PM 2: 14

JEGNETARY OF STATE TALLAHASSEE, FLORIDA

			75982	

1. Corporation Name

Bankruptcy Bar Association of the Southern District of Florida, Inc.

				05/28/0401053001 **297.50				
2. Principal Offic 7154 N. Uni	• •	3. Mailing Office 7154 N. Unive		- REMISIATI	- 1000 add			
Suite, Apt. #, etc. #299	#299		4. Date Incorporated or Qualified To Do Business in Florida August 28, 1981					
City & State  Tamarac, Florida		City & State Tamarac, Florida		5. FEI Number Applied F				
<sup>Zip</sup> 33321	Country USA	Zip 33321	Country USA	6. CERTIFICATE OF STATUS DE	SIRED S8.75 Additional Fee required for a Certificate of Status			

7. Name and Address of Current Registered Agent							
Name John B. Hutton							
Street Address (P.O. Sox Number is Not Acceptable) c/o Greenberg, Traurig, PA, 1221 Brickell Avenue							
Suite, Apt. #, Etc. 18th Floor							
City Miami		State FL	Zip Code 33131				

5.	<ol> <li>being appointed the register</li> </ol>	ed-agent of t	he above named (	corporation, am	tamiliar with and acc	cept the obligations o	t section 607.050	J5 or 617.0503. F.3	S.
		/ T							

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 5-3-04

200027422072

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip John B. Hutton 1221 Brickell Avenue, 18th Floor Miami, Florida 33131 Miami, Florida 33131 201 S. Biscayne Boulevard, 17th Floor Robert Charbonneau 150 W. Flagler Street, PH Miami, Florida 33130 Kevin S. Neiman 150 W. Flagler Street, #2200 D Patricia A. Redmond Miami, Florida 33130 D Peter D. Russin 200 S. Biscayne Boulevard, #3000 Miami, Florida 33131 D 848 Brickell Avenue, #1100 Miami, Florida 33131 Lisa M. Schiller

10. 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 filling 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:

5-2-04 305-579-6300