

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 JAN -2 PM 12: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F37366

1. Corporation Name
ROBERT E. SCHACK, P.A.

Principal Place of Business
1401 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131
US

Mailing Address
1401 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
9130 Dadeland Blvd
Suite, Apt. #, etc. 1902
City & State MIAMI, FL.
Zip 33156 Country USA

3. New Mailing Office Address, If Applicable
9130 Dadeland Blvd
Suite, Apt. #, etc. 1902
City & State MIAMI, FL.
Zip 33156 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/08/1981

5. FEI Number 59-2127311 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	SCHACK, ROBERT E	1401 BRICKELL AVENUE	MIAMI FL 33131
			800002391078--1 -01/06/98--01065--019 ****750.00 ****750.00
			REINSTATEMENT <i>at just 12/18</i>

8. Name and Address of Current Registered Agent
SCHACK, ROBERT E
1401 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131

9. Name and Address of New Registered Agent
Name Robert Schack
Street Address (P.O. Box Number is Not Acceptable) 9130 Dadeland Blvd., suite 1902
Suite, Apt. #, Etc. 1902
City MIAMI State FL Zip Code 33156

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 *Robert E Schack* REGISTERED AGENT MUST SIGN Date 11/17/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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: *Robert E Schack* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/17/97 Daytime Phone # 305-670-7080

CR2E040 (8/97)