


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 OCT 17 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K50724**

1. Corporation Name
MANDEL & PERKINS, P.A.

Principal Place of Business 10115 W SAMPLE RD CORAL SPRINGS FL 33065 US	Mailing Address 10115 W SAMPLE RD CORAL SPRINGS FL 33065 US
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CP

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 12/12/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0119719	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PDT	MANDEL, PAUL D.	10115 W SAMPLE RD	CORAL SPRINGS FL
VSD	PERKINS, DIANE M.	10115 W. SAMPLE ROAD	CORAL SPRINGS FL
			100004670891--2 -11/07/01--01054--003 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MANDEL, PAUL D 10115 W SAMPLE RD SUITE 210 CORAL SPRINGS FL 33065		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-15-01

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01

CR2E40 (8/01)

LAW OFFICES OF

MANDEL & PERKINS

10115 WEST SAMPLE ROAD
CORAL SPRINGS, FLORIDA 33065

TELEPHONE: 954-344-8420

FAX: 954-344-8852

PAUL D. MANDEL, ESQ.
DIANE M. PERKINS, ESQ.

October 15, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: Mandel & Perkins, P.A.-Document K 50724

Enclosed please find our application for reinstatement along with check in the amount of \$150.00 to cover the annual report fee and the corporate supplemental fee.

We never received anything prior this year in the mail on any of our Companies regarding the Annual report and fee.

We are requesting a one time waiver of the \$600.00 reinstatement fee as it was certainly not our intention to not send in the paper work and fee.

We appreciate your favorable response back to us as soon as possible. Thank you very much for your assistance regarding this important matter.

Sincerely,

Paul Mandel
President