

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L51040

1. Corporation Name

Marvin A. Kirsner, P.A.

Principal Place of Business

P.O. Box 23800  
Ft. Lauderdale, FL  
33307

Mailing Address

P.O. Box 23800  
Ft. Lauderdale, FL  
33307

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

2. New Principal Office Address, if Applicable

~~2255 Glades Road~~  
~~Suite, Apt. #, etc.~~  
~~Suite 300 East~~  
~~Boca Raton, FL~~  
~~33431~~ Country ~~US~~

3. New Mailing Office Address, if Applicable

~~2255 Glades Road~~  
~~Suite, Apt. #, etc.~~  
~~Suite 300 East~~  
~~Boca Raton, FL~~  
~~33431~~ Country ~~US~~

4. Date incorporated or Qualified To Do Business in Florida

2/12/90

5. FEI Number

65-0188182

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
D	Marvin A. Kirsner	P.O. Box 3555	West Palm Beach, FL
D	Marvin A. Kirsner	2255 Glades Road Suite 300 East	Boca Raton, FL 33431

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\*\*\*\*\*15.00 \*\*\*\*\*15.00

REINSTATEMENT

96-97  
G. Alan  
8/15/97

8. Name and Address of Current Registered Agent

Marvin A. Kirsner  
A250 Australian Avenue So.  
Suite 500  
West Palm Beach, FL 33401 US

9. Name and Address of New Registered Agent

Name Marvin A. Kirsner  
Street Address (P.O. Box Number is Not Acceptable)  
2255 Glades Road  
Suite, Apt. #, Etc.  
Suite 300 East  
City Boca Raton State FL Zip Code 33431

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]*

REGISTERED AGENT MUST SIGN

Date

8/13/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Marvin A. Kirsner

8/13/97  
Date

(561) 998-9040  
Daytime Phone #

CR2040 (2/96)