PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
01 OCT 30 PM 4:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M44264**

1. Corporation Name

HOLMES & SCLAR, P.A.

Principal Place of Business	Mailing Address
~~7600 RED ROAD, SUITE 101~~ ~~MIAMI FL 33143~~	~~7600 RED ROAD, SUITE 101~~ ~~MIAMI FL 33143~~

7001

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
c/o Marc H. Averbach, Esq	c/o Marc H. Averbach, Esq.
Suite, Apt. #, etc. 201 S. Biscayne Blvd, #2000	Suite, Apt. #, etc. 201 S. Biscayne Blvd, #2000
City & State Miami, Fl	City & State Miami, Fl
Zip / Country 33131 / USA	Zip / Country 33131 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/02/1987

5. FEI Number: 59-2749071 ☐ 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	4 City / State / Zip
DP	HOLMES, STEVEN M.	7600 RED ROAD, SUITE 101	MIAMI FL 33143
DST	SCLAR, ANTHONY	7600 RED ROAD #101	MIAMI FL 33143
			700004688227--3 -11/20/01--01006--020 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
~~KTG & S REGISTERED AGENT CORP~~ ~~100 SE 2ND STREET~~ ~~28TH FLOOR~~ ~~MIAMI FL 33131~~	Name: c/o MARC H. AVERBACH, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Blvd. Suite, Apt. #, Etc.: Ste 2000 City: Miami / State: FL / Zip Code: 33131

CR2E040 (6/01)

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 Date: 10/29/01
REGISTERED AGENT MUST SIGN

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.

A. Sclar
SIGNATURE: SIGNATURE REQUIRED 10/26/01 (305)661-5297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #