


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 NOV - 1 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108792

1. Corporation Name
GRANOFF & PENA PROFESSIONAL ASSOCIATION

Principal Place of Business Mailing Address
1. SE 3 AVE 1 SE 3 AVE
MIAMI FL 33131 MIAMI FL 33131



REINSTATEMENT

2001

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

2. New Principal Office Address, If Applicable 701 SW 27 AVE Suite, Apt. #, etc. Suite 810 City & State MIAMI, FL Zip 33135 Country USA	3. New Mailing Office Address, If Applicable P.O. Box 351988 Suite, Apt. #, etc. City & State MIAMI, FL Zip 33135-1988 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/22/2000	5. FEI Number 65-1060563 Applied For Not Applicable
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTSD	GRANOFF, LOREN S	1 SE 3 AVE above	MIAMI FL 33131
VD	PENA, MARITZA	1 SE 3 AVE	MIAMI FL 33131

8. Name and Address of Current Registered Agent APPELROUTH, STEWART L 999 PONCE DE LEON BLVD, STE 625 CORAL GABLES FL 33134	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suits, Apt. #, Etc. City State Zip Code FL
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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 10/23/01
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.

SIGNATURE: _____ **SIGNATURE REQUIRED** _____ Date 10/29/01 305/541-8686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRF0040 (8/01)