


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 16 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO1000009387**

1. Corporation Name
STEVEN E. AMSTER, P.A.

2. Principal Office Address 100 N. BISCAYNE BLVD		3. Mailing Office Address 100 N. BISCAYNE BLVD	
Suite, Apt. #, etc. SUITE 1100		Suite, Apt. #, etc. STE. 1100	
City & State MIAMI FL		City & State MIAMI FL	
Zip 	Country USA	Zip 33132	Country USA

REINSTATEMENT 03-04

400028782924
02/16/04--01019--006 **300.00

4. Date Incorporated or Qualified To Do Business in Florida **01/25/2001**

5. FEI Number **33-1015485**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
STEVEN E. AMSTER

Street Address (P.O. Box Number is Not Acceptable)
100 N. BISCAYNE BLVD

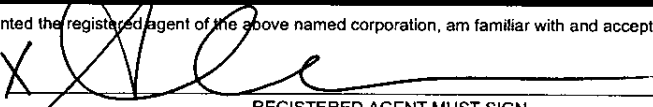
Suite, Apt. #, Etc.
SUITE 1100

City
MIAMI

State
FL

Zip Code
33132

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

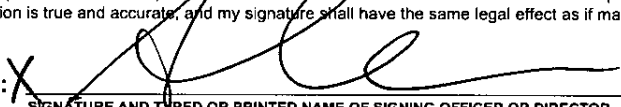
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **9/25/03**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STEVEN E. AMSTER	100 N. BISCAYNE BLVD STE. 1100	MIAMI FL 33132

10. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/25/03**

Daytime Phone # **305-371-2455**

CR2E081 (10/02)

SAUNDERS & ASSOCIATES
Accounting & Tax Services

11120 N. Kendall Dr., Suite 201
Miami, FL 33176
Phone (305) 270-2040
Fax (305) 595-8695

September 25, 2003

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

Re: Steven E. Amster, P.A.

Dear Sir or Madam,

Please find enclosed Corporation Reinstatement Form as well as a check in the amount of \$300. We are the representative of the corporation stated above and have been requested to review their corporation status.

Upon inquiry of your website, we realized this corporation was inactive according to your records. We also realized the wrong address was listed in your records. The registered agent has never received this uniform business report.

We are requesting that your office accepts the \$300 payment to reinstate this corporation and to abate the penalties that would normally be assessed given the reasons stated above.

Thank you in advance for you attention.

Very Truly Yours,



Geno Saunders
SAUNDERS & ASSOCIATES