

APPROPRIATE  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 JUN 24 AM 11:15


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JJ 6-24-08

300131812323  
06/27/08--01029--006 \*\*458.75

REINSTATEMENT 06-08

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 01000009387  
1. Corporation Name  
LAW OFFICE OF STEVEN E. AMSTER

2. Principal Office Address - No P.O. Box # 100 N. Biscayne Blvd.		3. Mailing Office Address same	
Suite, Apt. #, etc. 607		Suite, Apt. #, etc. -	
City & State Miami, Florida		City & State -	
Zip 33132	Country USA	Zip -	Country -

4. Date Incorporated or Qualified To Do Business in Florida 1/25/2001

5. FEI Number 33-1015485  Applied For  Not Applicable

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.: 607  
City: MIAMI State: FL Zip Code: 33132

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: *[Signature]* Date: 6/22/08  
REGISTERED AGENT MUST SIGN

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	Stephen P. GANT	100 N. Biscayne Blvd #607	Miami, FL 33132
D	Steven E. AMSTER	100 N. Biscayne Blvd #607	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 contained in Chapter 119, 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]* Steven E. Amster Date: 6/22/08 (305) 371-2455  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #