
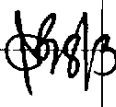
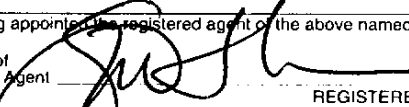
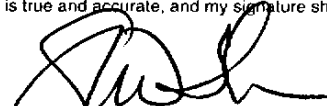


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JUL 26 AM 11:33	
DOCUMENT # P93000003427					
1. Corporation Name STUART L. TOCKMAN P.A.,					
Principal Place of Business 21 SE FIRST AVE, STE 800 MIA. FL. 33131			Mailing Address P.O. BOX 960640 MIA. FL. 33296		
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		4. Date Incorporated or Qualified To Do Business in Florida 2-93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0380875	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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		
Pres	STUART L. TOCKMAN	21 SE 1ST AVE, STE 800	MIA. FL. 33131		
			1000002956221--1 -08/10/99--01077--016 ***1050.00 ***1050.00		
					
8. Name and Address of Current Registered Agent STUART L. TOCKMAN, P.A., STUART L. TOCKMAN, ESQ. 21 SE 1ST AVE, STE 800 MIA. FL. 33131			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL		
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  REGISTERED AGENT MUST SIGN Date 7/23/99					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: 			7/23/99 (305) 225-9294 Daytime Phone #		