

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED
97 FEB 17 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000019439
1. Corporation Name
ZALKIN & LEDER, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| One Biscayne Tower Suite 1684 2 S. Biscayne Boulevard Miami, Florida 33131 | One Biscayne Tower Suite 1684 2 S. Biscayne Blvd. Miami, Florida 33131 |

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 Address, If Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number **65-0397717**

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

Applied For
Not Applicable

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|---|
| PD | Louis V. Vendittelli | 2 S. Biscayne Blvd. Suite 1684 | Miami, Florida 33131 |
| | | | 400002090844--4 -02/18/97--01100--004 ****540.00 ****540.00 |
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| | | | |
| | | | |

8. Name and Address of Current Registered Agent

Mr. Roger Schindler
2650 Biscayne Boulevard
Miami, Florida 33137

9. Name and Address of New Registered Agent

Name: Sheehe & Vendittelli, P.A.
Street Address (P.O. Box Number is Not Acceptable): 2 S. Biscayne Boulevard
Suite, Apt. #, Etc.: 1684
City: Miami
State: FL
Zip Code: 33131

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: *L. V. Vendittelli* Date: 1/7/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Louis V. Vendittelli 1/7/97 (305) 370-2515