

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 APR 25 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000000065

1. Corporation Name MICHAEL B. DENBERG, P.A.

Principal Place of Business 1030 North Miami Beach Blvd. N. Miami Bch, FL 33162  
Mailing Address 1030 North Miami Bch Blvd N. Miami Bch, FL 33162

REINSTATEMENT 96+97

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

DO NOT WRITE IN THIS SPACE

mwb

2. New Principal Office Address, If Applicable  
2875 NE 191 Street

3. New Mailing Address, If Applicable  
2875 NE 191 Street

4. Date Incorporated or Qualified To Do Business in Florida  
December 19, 1995

Suite, Apt. #, etc.  
Suite 500

Suite, Apt. #, etc.  
Suite 500

5. FEI Number  
65-0642005

Applied For  
Not Applicable

City & State  
Aventura, FL

City & State  
Aventura, FL

Zip 33180 Country USA

Zip 33180 Country USA

6. CERTIFICATE OF STATUS DESIRED  \$875 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
PS/D	Michael B. Denberg	2875 NE 191 Street, #500	Aventura, FL 33180

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-04/29/97--01079--005

\*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

Michael B. Denberg  
1030 North Miami Beach Boulevard  
North Miami Beach, FL 33162

9. Name and Address of New Registered Agent

Name  
Michael B. Denberg  
Street Address (P.O. Box Number is Not Acceptable)  
2875 NE 191 Street  
Suite, Apt. #, Etc.  
#500  
City  
Aventura  
State  
FL  
Zip Code  
33180

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

4/14/97

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 do 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 of 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/14/97 305-937-0370

CR2E040 (12/96)