

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 21 PM 1:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P96000011903 1. Corporation Name <b>HALICZER, PETTIS, &amp; WHITE, P.A.</b>				<b>REINSTATEMENT</b>
Principal Place of Business 101 N.E. 3RD AVENUE 6TH FLOOR FT LAUDERDALE, FL. 33301		Mailing Address 101 N.E. 3RD AVENUE 6TH FLOOR FT LAUDERDALE, FL. 33301		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 2/7/96
				5. FEI Number 65-0641373
				Applied For Not Applicable
				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)				
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	
P	JAMES HALICZER	101 N.E. 3RD AVENUE 6TH FLOOR	FT LAUDERDALE FL 33301	
VP	EUGENE PETTIS	101 N.E. 3RD AVENUE 6TH FLOOR	FT LAUDERDALE FL 33301	
D	KENNETH WHITE	101 N.E. 3RD AVENUE 6TH FLOOR	FT LAUDERDALE FL 33301	
4 000010291 4604 --- 0 -06/24/99-01037-1001 *****001 *****001				
8. Name and Address of Current Registered Agent JAMES HALICZER 101 N.E. 3RD AVENUE 6TH FLOOR FT LAUDERDALE, FLORIDA 33301			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 <i>[Signature]</i> Date <u>6/15/99</u> REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid 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 name 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			(954) 523-9922 Date Daytime Phone #	