

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 22 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026160

1. Corporation Name
HAROLD P. BERNSTEIN MANAGEMENT, INC.

Principal Place of Business 220 SUNRISE AVENUE STE. 201 PALM BEACH FL 33480	Mailing Address 220 SUNRISE AVENUE STE. 201 PALM BEACH FL 33480
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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 03/18/1996	
Suite, Apt #, etc		Suite, Apt #, etc.		5. FEI Number 65-0821127	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	4. City / State / Zip
D	BERNSTEIN, HAROLD P	220 SUNRISE AVENUE STE. 201	PALM BEACH FL 33480
D	BERNSTEIN, HELEN K	220 SUNRISE AVENUE STE. 201	PALM BEACH FL 33480
D	BERNSTEIN, JAY H	220 SUNRISE AVENUE STE. 201	PALM BEACH FL 33480
D	BERNSTEIN, GENE M	220 SUNRISE AVENUE STE. 201	PALM BEACH FL 33480
REINSTATEMENT 99 ITS			

8. Name and Address of Current Registered Agent GORDON, LEE B 350 ROYAL PALM WAY STE. 403 PALM BEACH FL 33480		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600003035616-0 Suite, Apt. #, Etc. -11/04/99--01095--018 City State FL Zip Code 33475	
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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: *[Signature]* Date: 10-19-92
REGISTERED AGENT MUST SIGN

11. 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: *Harold P. Bernstein, PRESIDENT* Date: 10/19/99 Daytime Phone #: 561-832-2445