

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
 01 DEC 10 PM 1:33

DOCUMENT # **P98000039004**

1. Corporation Name

ALLEN D. BRUFISKY, P.A.

Principal Place of Business

Mailing Address

10700 STRINGFELLOW, UNIT #80
 BOKEELIA FL 33922

10700 STRINGFELLOW, UNIT #80
 BOKEELIA FL 33922



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

04/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0820144

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	BRUFISKY, ALLEN D	105 5TH AVE. SOUTH	NAPLES FL 34102
		8930 BAY COLONY DRIVE UNIT 608	34108
			800004726768--9 -12/14/01--01047--024 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUFISKY, ALLEN D
~~105 5TH AVE. SOUTH~~
 NAPLES FL ~~34102~~

Name

Street Address (P.O. Box Number is Not Acceptable)

8930 BAY COLONY DRIVE

Suite, Apt. #, Etc.

UNIT 608

City

State
FL

Zip Code
34108

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

Allen D. Brufsky
Allen D. Brufsky

REGISTERED AGENT MUST SIGN

Date **12/06/01**

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:

Allen D. Brufsky
Allen D. Brufsky
 SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)283-0065

12/06/01

Date

Daytime Phone #

CR2E040 (8/01)

Law Offices
ALLEN D. BRUFISKY, P.A.
Registered Patent Attorney

10700 Stringfellow Road, Unit 80

Bokeelia, FL 33922

Phone: (941) 283-0065

Fax: (941) 283-0093

E-mail: abrufs@aol.com

Allen D. Brufsky (FL & CT)

Connecticut Office:
124 Old Easton Tpke.
Weston, CT 06883
(203) 454-3030 Tel/Fax

December 6, 2001

Cape Coral Office:
1500 Lafayette Street
Cape Coral, FL 33904
(941) 549-8800
(941) 549-8810 Fax

Please respond to:

Bokeelia

Cape Coral

Naples

Weston

Naples Office:
8930 Bay Colony Dr.
Unit 604
Naples, FL 34108
(941) 598-5983
(941) 598-5984 Fax

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document P98000039004

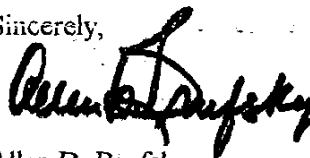
Dear Division:

Please find enclosed the above-referenced document, which we have corrected and completed.

Per instructions from your office, we forward this report form for your action, because we did not receive a January or March form requesting this information.

If there is anything further you require of us, please contact the undersigned accordingly.

Sincerely,



Allen D. Brufsky

ADB/cak
Enclosure