

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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**APPLICATION
FOR
REINSTATEMENT**



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

1997 OCT 28 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S69538

1. Corporation Name
AARON MODEL AND TALENT AGENCY, INC.

Principal Place of Business
2803 E COMMERCIAL BLVD
SUITE 202
FT. LAUDERDALE FL 33308

Mailing Address
2803 E COMMERCIAL BLVD
SUITE 202
FT. LAUDERDALE FL 33308



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/30/1991	
City & State		City & State		5. FEI Number 65-0277716	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SCHWITZ, JUDY	2803 E. COMMERCIAL BLVD	FT. LAUDERDALE FL
VP	STEVEN E. PATTERSON	2803 E. COMMERCIAL BLVD	FT. LAUDERDALE FL
P	STUART R WEIN	2803 E. COMMERCIAL BLVD	FT LAUDERDALE FL
VP	PAUL HOCHMAN	2803 E COMMERCIAL BLVD	FT LAUDERDALE FL
S/T	SEMI WEIN	2803 E COMMERCIAL BLVD	FT LAUDERDALE FL

10/23/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
O'DONNELL, ROBIN I 708 BREAKERS AVE. STE. #3 FT. LAUDERDALE FL 33304		Name Street Address (P.O. Box Number Is Not Acceptable) 40002334194--0 Suite, Apt. #, Etc. -10/30/97--01089--008 ***173.75 ***173.75 City State FL Zip Code	

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 _____ REGISTERED AGENT MUST SIGN _____ Date _____

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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 names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), 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: Stuart R Wein Date: 10-23-97 Daytime Phone #: 954 7728944

CP20040 (9/97)

AARON

M O D E L &
T A L E N T
A G E N C Y

October 23, 1997

Sandra B. Mortham
Secretary of State
Florida Dept. Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Motham:

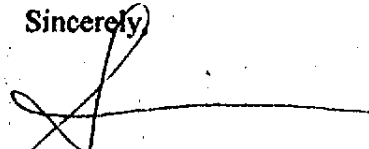
Please be advised that to the best of my knowledge this office and this corporation never received a copy of its annual report from your office in Tallahassee.

Please be aware that I have only recently taken over this corporation (August 8, 1997) and was unaware of this obligation.

After speaking to an operator at your 850-487-6059 number I an enclosing a check for \$165.00 in the hopes that the rest of the reinstatement fee will be waved. I was assured that this would be sufficient and not problematic. If a problem however, does arise, please contact me ASAP at 954-772-8944.

Thank you for your time and cooperation.

Sincerely,


Stuart Wein
President

enclosure