

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 25 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K83806

1. Corporation Name

MR. SID OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

331 WORTH AVENUE
PALM BEACH FL 33480

1211 CENTRE ST
NEWTON MA 02459
US

Zip code change

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



REINSTATEMENT 09

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.		04/26/1989	
City & State		City & State		5. FEI Number	
Zip		Country		65-0148358	
02459		USA		Applied For	
				Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
S875 Annual Fee required for a certificate of Status					

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	SEGEL, IRA M.	1211 CENTRE STREET	NEWTON CENTRE MA 02459
V	SEGEL, STUART	1211 CENTRE ST.	NEWTON CENTRE MA 02459
S	FIALKOW, JAY L.	100 FEDERAL ST 300 FLX 21 Custom House St. Suite 300	BOSTON MA 02114
AS	SEGEL, STUART	1211 CENTRE STREET	NEWTON CENTRE MA 02459
			200003043392--2
			-11/12/99--01120--002
			***750.00 ***750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ZABLUDOWSKI, DANIEL A. LITOW, LUTLER, & ZABLUDOWSKI 2 SOUTH BISCAYNE BLVD, SUITE 3100 MIAMI FL 33131		Name Daniel A Zabludowski c/o Litow, Lutler & Zabludowski Street Address (P.O. Box Number is Not Acceptable) 777 Brickell Avenue Suite, Apt. #, Etc. Suite 2100 City Miami State FL Zip Code 33131	

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] REGISTERED AGENT MUST SIGN Date: 0/22/99

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)(l), 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 Segel Stuart Segel, V.P. Date: 10/21/99 Daytime Phone #: (617) 969-4540