

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

04/26/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0148358

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

02459

Country

USA

CERTIFICATE OF STATUS DESIRED

\$875 Annual 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	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

10 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/21/99

Daytime Phone #

(617) 969-4540