## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Katherine Harris'  Secretary of State  DIVISION OF CORPORATIONS	FILED 01 FEB 19 PM 3: 58
DOCUMENT # F9700	0006184	SECRETARY OF STATE
1. Corporation Name WEINTRAUS M	ordings, Inc	TALLAHASSEE FLORIDA
104 Monterey		
Dalm Beach	Candens GL 33418	i
2. Principal Office Address	3. Mailing Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	REINSTATEMENTOG-O
		4. Date Incorporated or Qualified 1 70 Do Business in Florida 9 7 8 P
City & State	-City & State	5. FEI Number Applied For
Zip Country	Zip Country	6. Not Applicable  88.75 Additional Fee required
Palm Beach  USA  CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status  7. Name and Address of Current Registered Agent		
Philip Wentraub 900037680891-0 -02/26/0101118003 Street Address (P.O. Box Number is Not Acceptable) 4 7 ***1000.50 ****1000.50		
Suite, AGI, FEED   Nonterey tointe Drucsonona7680891-0		
City State Zip Code *****49.50 *****49.50		
FORIN	A	FL 33418
8. I, being appointed the registered agent of the above named concration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  REGISTERED AGENT MUST SIGN  Date  Z 05		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles . Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pros. T Philip Newtraub Same as above		
SECY Irene Weint	raub Same	as above
	- Times	
		9000037680890
·		-02/26/0101118005 ******8.75 *******8.75
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10. 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 filling 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: SIGNATURE: SIGNATURE: SIGNATURE: 2/05/DI SIGNATURE:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		