DEACE DEAD	N.1. IN <del>IA</del> T	RUCTION	BEEORE O	OMPLETI	NG THIS FORM.		
APPLICATION FOR	FL JF .O	A DE ART AF	T OF STATE	OWITEET			
REINSTATEMENT DIVISION OF COMPORATIONS				FILED			
DOCUMENT # 368622  1. Corporation Name				98 JUL 13 AM 9: 12			
L. E. SEITZ ASSOCIATES, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business  395 ALHAMBRA CIRCLE THIRD FLOOR CORAL GABLES, FL.  33134-5003 If above addresses are incorrect in any way, line through incorrect information and enter correction belo							
New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified     To Do Business in Florida 08/19/70			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. FEI Number Applied For			
City & State	City & State			59 <b>~13</b> 0	0594	Not Applicable	
Zip Country	Zip	Country	,	= -		dditional Fee required Certificate of Status	
Names and Street Addresses of Each Officer and/o     Name of Officers	or Director (Flor	<del></del>	tions must list at lea et Address of Each	<del></del>			
Title(s) and/or Directors Offit 1 2 3 (Do NOT Use			icer and/or Director e Post Office Box N	umbers)	City / State /	.′ [	
PD   DEIIZ, LARRI E.		395 ALHAMBRA CIRCI THIRD FLOOR		LE	CORAL GABLES 33134-5003	, FL.	
VP-S CIGNO, ANGELA	395 ALHAI	395 ALHAMBRA CIRCLE THIRD FLOOR		CORAL GABLES	, FL.		
					·		
				200025947125 -07/22/9801005004 ****323.75 ****322.75			
					,		
B. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
COLLEGE PARK CENTER			MICHAEL J. BOWLER  Street Address (P.O. Box Number is Not Acceptable) COLLEGE PARK CENTER  Suite Apl. #. Etc.				
10585 S.W. 109th COURT SUITE #214 MIAMI, FLORIDA 33176			City	10585 S.W. 109th COURT SUITE # 214			
10. I, being appointed the registered agent of the above named corpoyation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of Registered Agent Muhau Agent Must Sign							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes X No   (See other side for information on intangible tax.)							
12. I certify that I am an officer or director or the recey this reinstatement application, the reason for dissolowed by the corporation have been paid and them on this application is true and accurate, and my sh	ution has been a nes of individu	eliminated, the corpor ials listed on this form	rate name satisfies to not qualify for a	he requirements on exemption and	of section 607.0401 or 617.0401, I	F.S., that all fees	
SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							



July 7, 1998

Florida Department Of State **Annual Reports Section** Division of Corporation PO Box 1500 Tallahassee, Florida 32305-1500

Re: L.E. Seitz Associates, Inc.

FEI NO. 59-13000594

Document # 368622 Inc. 08-19-70

Dear Sir or Madam:

Enclosed please find our completed and corrected Annual Report for 1997, & 1998 along with a check in the amount of \$ 323.75. This represents payment for the above-mentioned corporation's annual fee for 1997 at \$165.00, the annual fee for 1998 at \$150.00, and an additional fee of \$8.75 for a Certificate of Status.

Even though the corporation has resided at the same principal address for the past twelve years, we were never in receipt of the annual report for year ending 1997 and 1998. L.E. Seitz Associates has been incorporated sense August of 1970 and has always received In the past all prior annual reports.

At this time, it is respectfully requested that any penalties or late charges be abated.

Respectfully,

L.E. Seitz Associates, Inc.

Linda H. Cardenas

Controller