PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

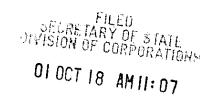
GEORGE KRUMHOLZ, INC.

Principal Place of Business

Mailing Address

169 E. FLAGLER ST., RM. 823 MIAMI-FE 33132C/O NORTHERN TRUST BANK OF FLORIDA N.A. 700 BRICKELL AVE.

MIAMI EL 33131



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.							MEINS INTEMPNIT AT			
				ing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 05/19/1972			
Suite, Apt. #, etc. Suite				te, Apt. #, etc.			5. FEI Numbe	er	00, 10, 10	Applied For
City & State)		City & State	City & State				59-1397490 Not Applic		
Zip Country			Zip	Zip Coun			6. CERTIFICATE OF STATUS DESIRED X		\$8.75 Addit for a Cert	tional Fee required tificate of Status
7. Names a	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonpro	ofit corporation	ons must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			
D	F RITH, RO	700 BRICKELL AVENUE			MIAMI-FL-33131					
P,T,S,		P. Halula	-	700 E	Brickel	1 Ave, 1	Oth Floor	Miami, FL	33131	
D,V	Jennifer Hurst			700 Brickell Ave, 10th Floor			Miami, FL 33131			
							Ω	000046! -10/30/0	583C	001
								-10/30/0 ****758	1010U .75 ***	6024 **758.75
						6/16/26				
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
MODIFIEDA TOUGT DANK OF ELODIDA MA						Name Street Address (P.O. Box Number is Not Acceptable)				
						City			State Zip C	ode
10. I, being	appointed th	e registered agent of the a	bove named corp	oration, am	familiar with	and accept the	obligations of Sec	tion 607.0505, F.S.		

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 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 of Registered Agent

NORTHERN TRUST BANK OF FLORIDA N.A.

October 17, 2001

Date

305-789-1183

October 17, 2001

Daytime Phone #