


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <p>APPLICATION FOR REINSTATEMENT</p> |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | <p>FILED</p> <p>00 AUG 24 PM 2:56</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p><i>[Signature]</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|----------------------------|---|---|---|----------|-----------------------------------|--|----------------|-----------------|--------------------|-------------------|----------------------------|-------|---------------|-------------------|----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>DOCUMENT # 418254</p> <p>1. Corporation Name H. Allen Benowitz & Associates, Inc.</p> | | <p>REINSTATEMENT 99-00</p> <p>DO NOT WRITE IN THIS SPACE</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Principal Place of Business 46 S.W. 1st Street Suite 100 Miami, Florida 33130</p> <p>Mailing Address SAME</p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. New Principal Office Address, If Applicable 19 West Flagler St., Suite, Apt. #, etc. Suite 1020</p> <p>City & State Miami, FL</p> <p>Zip 33130</p> | | <p>3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>4. Date Incorporated or Qualified To Do Business in Florida February 5, 1973</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>5. FEI Number 59-1431197</p> <p>Applied For Not Applicable</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>STATE APPROVAL REQUIRED FOR REINSTATEMENT OF A CORPORATION OR PARTNERSHIP</small></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1</th> <th style="width:30%;">2</th> <th style="width:40%;">3</th> <th style="width:20%;">4</th> </tr> <tr> <th>Title(s)</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>Pres/ Treas.</td> <td>Michael F. Sandler</td> <td>180 Mt. Airy Road</td> <td>Basking Ridge, NJ 07920</td> </tr> <tr> <td>Secy.</td> <td>Nancy Josephs</td> <td>180 Mt. Airy Road</td> <td>Basking Ridge, NJ 07920</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | | 1 | 2 | 3 | 4 | Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City/State/Zip | Pres/ Treas. | Michael F. Sandler | 180 Mt. Airy Road | Basking Ridge, NJ 07920 | Secy. | Nancy Josephs | 180 Mt. Airy Road | Basking Ridge, NJ 07920 | | | | | | | | | | | | |
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| <p>8. Name and Address of Current Registered Agent</p> <p>H. Allen Benowitz 46 S.W. 1st Street, Suite 100 Miami, Florida 33130</p> | | <p>9. Name and Address of New Registered Agent</p> <p>Name Veritext/Florida Reporting Co.LL</p> <p>Street Address (P.O. Box Number is Not Acceptable) 19 West Flagler St.</p> <p>Suite, Apt. #, Etc. Suite 1020</p> <p>City Miami</p> <p>State FL</p> <p>Zip Code 33130</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> <p>Signature of Registered Agent <i>[Signature]</i> Date 8-16-00</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>SIGNATURE: <i>[Signature]</i></p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR</small></p> | | <p>8-16-00</p> <p>Date</p> <p>1212-539-12325</p> <p>Daytime Phone #</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |