


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 NOV 21 AM 8:01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Governor: Jeb Bush
 Secretary of State: Jim Smith
 DIVISION OF CORPORATIONS

01-02 JBR

DOCUMENT # 486983

1. Corporation Name
MORROW, GELMAN & NIELSON, P.A.

2. Principal Office Address 7800 SW 87th Avenue		3. Mailing Office Address 7800 SW 87th Avenue	
Suite, Apt. #, etc. Suite B-240		Suite, Apt. #, etc. Suite B-240	
City & State Miami, FL		City & State Miami, FL	
Zip 33173	Country USA	Zip 33173	Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10-01-1975

5. FEI Number: 59-1622545

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **SANTIAGO DIEZ, P.A.**

Street Address (P.O. Box Number is Not Acceptable): **80 S.W. 8 Street,**

Suite, Apt. #, Etc.: **1830**

City: **Miami**

State: **FL** Zip Code: **33130**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: *[Signature]* Date: **11-08-2002**

REGISTERED AGENT MUST SIGN

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
PD	Dennis G. Nielson	7800 SW 87th Avenue, Suite B-240	Miami, FL 33173
STD	Jose F. Barros	7800 SW 87th Avenue, Suite B-240	Miami, FL 33173

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 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: *[Signature]* **Dennis G. Nielson** Date: **11-05-02** Daytime Phone #: **305-274-3656**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE001 (9/01)

11/25/02