

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

96 DEC 30 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 508822

1 Corporation Name

SAMUEL L. HELLER, P.A.

Mailing Address Principal Place of Business

2727 E. Oakland Park Blvd.  
Suite #102  
Ft. Lauderdale, FL 33306

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Mailing Address, If Applicable

One E. Broward Blvd.  
Suite, Apt. #, etc.  
700

3 New Principal Office Address, If Applicable

(same as new mailing address)  
Suite, Apt. #, etc.

4 Date Incorporated or Qualified To Do Business in Florida  
10/1/78

5 FEI Number

Applied For

Not Applicable

City & State  
Ft. Lauderdale, FL

City & State

Zip  
33301

Country  
Broward

Zip

Country

6. 59-1851068

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 1994  
MWB 12/97

DO NOT WRITE IN THIS SPACE

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip     |
|------------|-------------------------------------|---|--------------------------|
| Pres.      | Samuel L. Heller                    | 1901 N. Atlantic Blvd. Apt. #2C   | Ft. Lauderdale, FL 33305 |
|            |                                     |   |                          |
|            |                                     |   |                          |
|            |                                     |   |                          |
|            |                                     |   |                          |
|            |                                     |   |                          |

300002046693-1  
-01/06/97-01025-009  
\*\*\*775.00 \*\*\*775.00

8. Name and Address of Current Registered Agent

Samuel L. Heller  
1901 No. Atlantic Blvd. Apt. 2C  
Fort Lauderdale, FL 33305

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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.

Signature of Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

12/11/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13 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.

SIGNATURE:

*[Signature]*

Samuel L. Heller, President

12/11/96

(954) 468-0080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (6-94)