

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 97  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 604910

1. Corporation Name  
Weinstein, Bavly + moon, P.A.

Principal Place of Business Mailing Address  
19 West Flagler St. Same  
# 920  
Miami, FL 33130

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/73	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1500691	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$875 Additional Fee required for a Certificate of Status	

FILED  
98 AUG 28 PM 12: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
97-98  
8/28/98  
101

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
PD	Alvin N Weinstein	19 West Flagler St. # 920	Miami, FL 33130
VD	Albert E moon	19 W Flagler St # 920	Miami, FL 33130
TS D	Scott Wm Weinstein	19 West Flagler St. # 920	Miami, FL 33130
			300002633093-- 3 -03/04/98 - 01137- 005 ***908.75 ***908.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Alvin N Weinstein 19 W. Flagler St # 920 Miami, FL 33130		Name Alvin N Weinstein Street Address (P.O. Box Number is Not Acceptable) 19 West Flagler St Suite, Apt. #, Etc. 920 City Miami State FL Zip Code 33130	

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: 8-27-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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)(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: [Signature] Scott Wm Weinstein 8/27/98 941 334 8844  
Date Daytime Phone #

CP2E040 (1/98)