


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL 22 PH 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT** 02-03

400021722414  
07/22/03--01056--002 \*\*908.75

DOCUMENT # 604 910

1. Corporation Name  
Weinstein, Barkly & moon, P.A.

2. Principal Office Address 2400 First St Suite, Apt. #, etc. 303 City & State Ft Myers, FL Zip 33901	3. Mailing Office Address 2400 First St Suite, Apt. #, etc. 303 City & State Ft Myers, FL Zip 33901
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4. Date Incorporated or Qualified To Do Business in Florida 12/31/73

5. FEI Number 59-1500691 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  SR.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent


Name Scott Wm. Weinstein

Street Address (P.O. Box Number is Not Acceptable) 2400 First St; Suite 303

Suite, Apt. #, Etc. Ft Myers, FL

City State Zip Code  
FL 33901

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  Date 7-20-03

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
P-D	Alvin N. Weinstein	19 West Flashes St #1400	Miami, FL 33130
V-D	Albert E. Moon	19 West Flashes St #1400	Miami, FL 33130
T-S-D	Scott Wm Weinstein	2400 First St #303	Ft Myers, FL 33901

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)(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:  Scott Wm Weinstein 7-20-03 239 334 8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)