

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 27 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F99000006404**

1. Corporation Name  
**FELIX-OSCAR MANAGEMENT COMPANY**

Principal Place of Business 199 NW 28TH STREET #384 BOCA RATON FL 33431	Mailing Address 5030 CHAMPION BLVD #290 BOCA RATON FL 33496
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**REINSTATEMENT 02**

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 12/10/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3366186	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	4 City / State / Zip
P	PRIANO, THOMAS M	5030 CHAMPION BLVD.	BOCA RATON FL
V	DEFAZIO, GARREN	240 E. 27TH STREET #27H	NEW YORK NY 10016

700009245417  
11/27/02--01095--008 \*\*750.00

8. Name and Address of Current Registered Agent ABUSCH, SIDNEY CPA 1355 W. PALMETTO PARK RD. BOCA RATON FL 33486		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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. or 617.0505, F.S.

Signature of Registered Agent *Sidney Busch CPA* REGISTERED AGENT MUST SIGN Date 11/25/02

11. 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: *Thomas M Priano* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 11/25/02 Daytime Phone #

CR2E040 (8/02)