

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -7 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2003

DOCUMENT # G26355

1. Corporation Name

Norman Funt, P.A.

2. Principal Office Address

757 NW 27th Avenue, 3rd Floor

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33125

Country

Dade

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

03-03-1983

5. FEI Number

59-2382994

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Norman Funt

Street Address (P.O. Box Number is Not Acceptable)

757 NW 27 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

500035732305
05/07/04--01012--024 **450.00

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**

REGISTERED AGENT MUST SIGN

Date

4/30/04

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 |
|---------------|----------------------------------------------|-----------------------------------------------------------|---------------------------|
| D | Norman Funt | 757 NW 27 Avenue | Miami, FL 33125 |
| | | | |
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| | | | |
| | | | |

4/30/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Date

Daytime Phone #

*Norman Funt , P.A..
757 NW 27 Ave, 3rd Floor, Miami, FL 33125
Phone.305-643-3100
Fax. 305-643-1382*

April 21, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Re-instatement for 2003

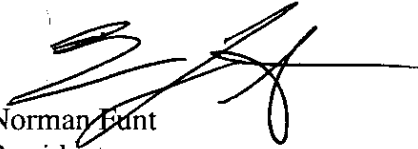
As per our conversation by phone, find the following information:

- a) Check for 450.00 payable to Florida Department of State
- b) Reinstatement Form for the year 2003
- c) 2004 Annual Uniform Business Report.

Please be aware that the 2003 Uniform Business Reports were never received in our offices, due to this reason, we respectfully request to waive any re-instatement penalty for the years 2002 & 2003. We apologize for the inconvenience.

Thank you for your cooperation. If you have any question feel free to contact our offices at the above numbers.

Sincerely,


Norman Funt
President