

APPLICATION
FOR
REINSTATEMENT



APPROVED
AND
FILED

DOCUMENT # G80899

LAWRENCE S. KLITZMAN, P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2665 SOUTH BAYSHORE DR
SUITE M 103
COCONUT GROVE FL 33133-5401

DO NOT WRITE IN THIS SPACE

01/01/1984

Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

Country

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
P	KLITZMAN, LAWRENCE S	2665 S BAYSHORE M103	COCONUT GROVE FL
			400002051544--?
			-01/08/97--01128--005
			****775.00 ****775.00
			REINSTATEMENT 1994-96
			A. Adams

State	Zip Code
FL	

the registered agent for the above named corporation, am familiar with and accept the obligation to deliver to the Secretary of State the annual report of the corporation.

LANCENE S. KLITZMAN
REGISTERED AGENT MUST SIGN

Date 12/30/96

(See other side for additional information.)

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:

Lawrence L. Kutzman LAWRENCE L. KUTZMAN, President 12/30/96 3058546666