

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 27 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H72088

1. Corporation Name

MARTIN E. KATZ ENTERPRISES, INC.

Principal Place of Business

Mailing Address

5025 COLLINS AVENUE #1807
MIAMI BEACH FL 33140

5025 COLLINS AVENUE #1807
MIAMI BEACH FL 33140



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

08/19/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2564496

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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	IMBER, SUZAN K.	5025 COLLINS AVE, 1807	MIAMI BCH FL 33140
D	IMBER, BARRY A.	5025 COLLINS AVE, 01807	MAIMI BCH FL 33140

400004535824--5
-08/15/01--01025--012
***308.75 ***308.75

00-01622178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

IMBER, SUZAN K.
5025 COLLINS AVENUE #1807
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Suzan Imber SIGNATURE REQUIRED

Date 7-24-01

REGISTERED AGENT MUST SIGN

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:

Suzan Imber SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-01
Date

(305) 866-8898
Daytime Phone #

CR2E040 (8/00)

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MARTIN E. KATZ ENTERPRISES, INC.
5025 Collins Avenue
#1807
Miami Beach, Florida 33140

July 24, 2001

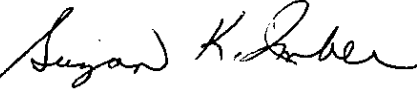
Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find money order #245355454, in the amount of \$308.75 (\$300.00 reinstatement fee plus \$8.75 for certificate of status). I spoke with your office today and was advised my form was returned to your office and for this reason certain fees would be waived for the reinstatement and to send \$300.00 as the correct amount due.

Thank you for your attention in processing this reinstatement.

Very truly yours,


Suzan K. Imber,
President

SKI:ns