PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

99 APR 30 PM 2:30

DOCUMENT # J18868

1. Corporation Name

SLATER & SLATER, CPA, P.A.

Principal Place of Business / Mailing Address

4400 NORTH FEDERAL HIGHWAY STE.#210-51
BOCA RATON, FLORIDA 33431

REINSTATEMENT 98-961

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable: **N/A**
Suite, Apt #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable: **N/A**
Suite, Apt #, etc
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: **JUNE 11, 1986**

5. FEI Number: **59-2712478** | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] **$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	MICHAEL A. SLATER	25 C SOUTHPORT LANE	BOYNTON BEACH, FL. 33436
S/T	" " "	" " " "	" " " "

600002869866--8
-05/10/99--01120--001
****900.00 ****900.00

600002869866--8
-05/10/99--01120--002
******8.75 ******8.75

8. Name and Address of Current Registered Agent

MICHAEL A. SLATER
C/O NORMAN WEINSTEIN
6850 GRENELEFE ROAD
BOYNTON BEACH, FL 33437

9. Name and Address of New Registered Agent

Name: **N/A**
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: Michael A. Slater — REGISTERED AGENT MUST SIGN

Date: 4/27/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [ ] No [X] **N/A**

(See other side for information on intangible tax.)

12. 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: Michael A. Slater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL A. SLATER, PRESIDENT Date: **4/27/99**

Daytime Phone #: **516-764-4766**

CR2E042 (1/98)