


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 10 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/10/08--01063--001 **643.75
CR2E081 (10/08)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # J73281																															
1. Corporation Name <div style="text-align: center; font-size: 1.2em;">PRICE, BERLIN & HASSAN, PA</div>																															
2. Principal Office Address - No P.O. Box # 1150 N. 35 AVE Suite, Apt. #, etc. 605 City & State HOLLYWOOD, FL Zip 33021		3. Mailing Office Address 8660 W. FLAGLER ST Suite, Apt. #, etc. 200 City & State MIAMI, FL Zip 33144																													
Country USA		Country USA																													
4. Date Incorporated or Qualified To Do Business in Florida 05/11/1987																															
5. FEI Number 59-2800669		Applied For <input type="checkbox"/> Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																															
7. Name and Address of Current Registered Agent Name LORN LEITMAN, CPA PA Street Address (P.O. Box Number is Not Acceptable) 8660 W. FLAGLER ST Suite, Apt. #, Etc. 200 City MIAMI																															
State FL		Zip Code 33144																													
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 _____ Date <u>10/27/2008</u> <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>																															
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 35%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>HOWARD BERLIN, MD</td> <td>1150 N. 35 AVE, 605</td> <td>HOLLYWOOD, FL 33021</td> </tr> <tr> <td>D</td> <td>LORN LEITMAN</td> <td>8660 W. FLAGLER ST, 200</td> <td>MIAMI, FL 33144</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	HOWARD BERLIN, MD	1150 N. 35 AVE, 605	HOLLYWOOD, FL 33021	D	LORN LEITMAN	8660 W. FLAGLER ST, 200	MIAMI, FL 33144																
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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 contained in Chapter 119, 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: _____ Date <u>10/23/08</u> <div style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</div>																															

Revised
11-13-08