

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION**  
~~REINSTATEMENT~~



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

FILED  
01 JAN 12 AM 10:20  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **K32601**  
1. Corporation Name  
**WAYNE BLACK & ASSOCIATES, INC**

2. Principal Office Address  
**1100 LEE WAGENER BLVD**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.  
**320**

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL**

City & State

Zip  
**33315**

Country  
**USA**

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
**01/08/1988**

5. FEI Number  
**65-0071464**

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  
**WAYNE B. BLACK**

500003568335-3

Street Address (P.O. Box Number is Not Acceptable)  
**1100 LEE WAGENER BLVD #320**

-01/24/01--01002--018  
\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.  
**320**

City  
**FT. LAUDERDALE**

State  
**FL**

Zip Code  
**33315**

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  
**01-09-01**

REGISTERED AGENT MUST SIGN

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
DPT	WAYNE B. BLACK	1100 Lee Wagener Blvd #320	Ft. Lauderdale, FL 33315
S/O	Cindy Gower-Black	" " " " "	" " " "

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. **KE**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-09-01 954-359-9316**

Date

Daytime Phone #

CR2E081 (9/00)

WAYNE BLACK & ASSOCIATES

202

Fort Lauderdale Jet Center  
1100 Lee Wagener Blvd.  
Suite 320  
Ft. Lauderdale, FL 33315  
Telephone 954.359.9316  
Telefax 954.359.9320

January 3, 2001

VIA FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: Reinstatement of Wayne Black & Associates, Inc.  
FEI 65-0071464

Dear Department:

Per our telephone conversation today, enclosed please find the reinstatement application for the above referenced corporation. As stated, we never received our 2000 application form. Per our telephone conversation, please waive all late fees and reinstate at this time.

Enclosed please find our business draft #5293 in the amount of \$300. This represents \$150 for filing year 2000 and \$150 for filing 2001. Please change your records to reflect the new principle place of business and new mailing address.

Thank you for your assistance with this matter.

Sincerely,



Wayne B. Black

WBB/cg

Enclosures: Reinstatement application  
Business draft #5293 for \$300.