


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #		K45337	
1. Corporation Name			
L.A. SPIEGELMAN AND ASSOC. LTD., INC.			
Principal Place of Business		Mailing Address	
701 BRICKELL AVE		701 BRICKELL AVE	
2500		2500	
MIAMI FL 33131		MIAMI FL 33131	
US		US	
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		11/10/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-2922298		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	SPIEGELMAN, LEE	<del>1221 BRICKELL AVE</del> 701 Brickell Ave	MIAMI FL 33131
			<del>10/25/02--01109--016--0158.75</del>
			<del>10/25/02--01109--016--0158.75</del>
			<del>10/25/02--01109--016--0158.75</del>
			400008600114 10/25/02--01109--016 **158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
<b>SPIEGELMAN, LEE</b> <b>4404 N BAY ROAD</b> <b>MIAMI FL 33140</b>	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code
		<b>FL</b>	

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. or 617.0505, F.S.

Signature of Registered Agent *Lee Spiegelman* **SIGNATURE REQUIRED** Date 10/22/02

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: *[Signature]* LEE SPIEGELMAN 10/22/02 3055361438  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**L.A. SPIEGELMAN & ASSOCIATES, LTD., INC.**  
**701 BRICKELL AVENUE, SUITE 2500**  
**MIAMI, FL 33131**

Lee Spiegelman  
President

(305) 536-1438

October 22, 2002

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO BOX 6327  
Tallahassee, FL 32314-6327

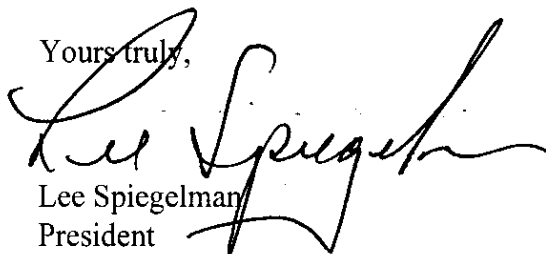
To whom it may concern:

Enclosed you will find a check for \$158.75 which covers my annual report as well as your request for filing fees. Please be aware that the first notice I received as to the annual report fees was the arrival of your NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION.

If you have any questions on the enclosed or the above please call me at the above daytime number or my evening number (305) 672-4828.

Thank you for your time and consideration.

Yours truly,



Lee Spiegelman  
President

-Cc Alan Willson, CPA