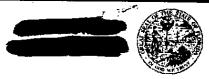
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

0001		
DOCU	JMENI#	121970

Suite, Apt. #, Etc. SUITE 122

City

1. Corporation Name

MURIEL BLOCH, INC.

FILED

03 FEB 17 AM 11: 40

SECRETARY OF STATE TALLAHASSEE, FLORE &

000012594310 02/17/03--01055--007 \*\*300,00

				. *			
2. Principal Office Address 3450 S OCEAN BLVD.		3. Mailing Office Address 3450 S OCEAN BLVD.			00 02		
Suite, Apt. #, etc. SUITE 122		Suite, Apt. #, etc. SUITE 122		4. Date Incorporated or Qualified			
	City & State		City & State		To Do Business in Florida 10/04/1989		
PALM BEACH, FL		PALM BEACH, FL		5. FEI Number	Applied For		
Zip		Country	Zip	Country	65-0148394	Not Applicable	
3348	80	PALM BEACH	33480	PALM BEACH	CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status	
		· ·	7. Name	and Address of Current Regis	tered Agent	The second secon	
	Name	-				<del></del>	
	M1	URIEL BLOCH					
	Street Add	dress (P.O. Box Number is N 150 S. OCEAN	ot Acceptable) BLVD				

	PA'LM BEACH					State	Zip Code 33480	*	
Signature	J Agent	d corporation, am famil ED AGENT MUST SIG		cept the oblig	gations of sec		5 or 617.0503, F.S		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9. Name	s and Street Addresses of Each Officer and/or Direct	tor (Florida nonprofit co	orporations mus	t list at least	3 directors)				
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip			
D	MURIEL BLOCH	3450 S	OCEAN	BLVD	#122	PALM	BEACH,	FL	33480
							- <del>-</del>	·	<u> </u>
				. 4				<del></del> _	<del></del>
				<u>·</u>	·				
		<del></del>	<del></del> -		· · · · · · · · · · · · · · · · · · ·		-		
				· · · · · ·	<del></del> -		· .		
10. I certify	that I am an officer or director or the receiver or trust	ee ampowered to ever	ruto thin nonline	4: :		<u> </u>			

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.

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•		N	n		10	

- Minist	PRINTED NAME OF SIGNING OFF	MURIEL	BLOCH
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFF	CER OR DIRECTOR	

State

Daytime Phone #



CR2E081 (10/02)

200-

## MURIEL BLOCH, INC. 3450 SOUTH OCEAN BOULEVARD, #122 PALM BEACH, FL 33480

February 11, 2003

Department of State Division of Corporations Uniform Business Report Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Muriel Bloch, Inc.

Ladies and Gentlemen:

Enclosed is a Corporation Reinstatement form for Muriel Bloch, Inc. Also enclosed is a check in the amount of \$300 representing fees due for the year 2002 and 2003.

I respectfully request waiver of the reinstatement fees because I did not receive in any notices from the Department of State last year regarding the filing of the Uniform Business Report. I believe the notices were not delivered because the suite number was missing from my address.

Please reinstate Muriel Bloch, Inc. on your records.

Thank you.

Very truly yours,
Muriel Block

Muriel Bloch

Enclosures