

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 17 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L21970

1. Corporation Name

MURIEL BLOCH, INC.

2002-2003
U.B.R.

000012594310
02/17/03--01055--007 **300.00

02-03

2. Principal Office Address 3450 S OCEAN BLVD. Suite, Apt. #, etc. SUITE 122 City & State PALM BEACH, FL Zip 33480		3. Mailing Office Address 3450 S OCEAN BLVD. Suite, Apt. #, etc. SUITE 122 City & State PALM BEACH, FL Zip 33480		4. Date Incorporated or Qualified To Do Business in Florida 10/04/1989	
5. FEI Number 65-0148394		Applied For 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 MURIEL BLOCH	
Street Address (P.O. Box Number is Not Acceptable) 3450 S. OCEAN BLVD.	
Suite, Apt. #, Etc. SUITE 122	
City PALM BEACH	State FL
	Zip Code 33480

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

REGISTERED AGENT MUST SIGN

Date

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
D	MURIEL BLOCH	3450 S OCEAN BLVD #122	PALM BEACH, FL 33480

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.

SIGNATURE:

Muriel Bloch

MURIEL BLOCH

2/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (10/02)

2012

**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 Bloch

Muriel Bloch

Enclosures