

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUN 16 AM 8:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **L36875**

1. Corporation Name
ROBERT D. HERTZBERG, PA.

W97000013200

Principal Place of Business
NationsBank at International Place
 100 SE 2 Street
 Suite 3550
 Miami, FL 33131

Mailing Address

Same

400002215774--3
 -06/18/97--01064--012
 ***1080.00 ***1080.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Same		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 5/14/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0159310	
City & State		City & State		Applied For 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	ROBERT D. HERTZBERG	100 S.E. 2 ST, suite 3550	MIAMI, FL 33131

REINSTATEMENT 95-97

[Signature]
 6.17.97

8. Name and Address of Current Registered Agent

ROBERT D. HERTZBERG
 100 SE 2 Street
 Suite 3550
 Miami, FL 33131

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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.

Signature of Registered Agent *[Signature]*
 REGISTERED AGENT MUST SIGN

Date **5/20/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/97
 Date
371-6060
 Daytime Phone #

CR2E040 (1/2/96)