

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 12 PM 1:37

DOCUMENT # L40221

1. Corporation Name
HOWARD N. GALBUT, P.A.

Principal Place of Business Mailing Address
999 WASHINGTON AVE 999 WASHINGTON AVE
MIAMI BEACH FL 33139-5081 MIAMI BEACH FL 33139-5081



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/05/1990	
City & State		City & State		5. FEI Number	
				65-0151802	
Zip		Country		Applied For	
				Not Applicable	
				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
PD	GALBUT, HOWARD N.	999 WASHINGTON AVE	MIAMI BEACH FL

700004735607--9
 -12/21/01--01027--004
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GALBUT, HOWARD N. 999 WASHINGTON AVE MIAMI BEACH FL 33139-5081		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		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: *Howard N Galbut* **SIGNATURE REQUIRED** Date: 12-10-01
 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: *Howard N Galbut* **SIGNATURE REQUIRED** HOWARD GALBUT Pres Date: 12-10-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)