

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 DEC 29 AM 10:31

0.1072

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M19522

1. Corporation Name

BARRY E. WITLIN, P.A.

Principal Place of Business

Mailing Address

1200 SOUTH PINE ISLAND ROAD
SUITE 230
PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD
SUITE 230
PLANTATION FL 33324



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

08/16/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3352220

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	WITLIN, BARRY E.	1200 SOUTH PINE ISLAND RD. STE.	PLANTATION FL 33324 7000003568217--1 -01/24/01--01002--010 ****400.00 ****400.00
			7000003568217--1 -01/24/01--01002--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

ARONSTAM, JENNIFER
1200 SOUTH PINE ISLAND RD.
SUITE 230
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name <i>Patry Fanelli</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1200 S. Pine Island Rd. #</i>	
Suite, Apt. #, Etc. <i>230</i>	
City <i>PLANTATION</i>	State FL
Zip Code 33324	

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

Patry Fanelli
REGISTERED AGENT MUST SIGN

Date *October 21, 2000*

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

October 20, 2000 (954) 473-4520

CR2ED40 (8/00)

BARRY E. WITLIN, P.A.
ATTORNEY AT LAW

CORNERSTONE ONE
SUITE 230
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FLORIDA 33324

pg. 2 of 2
BROWARD (954) 473-4500
DADE (305) 576-4999
FAX (954) 473-1970

October 23, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

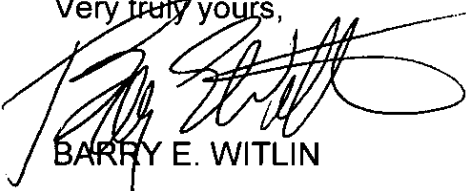
RE: BARRY E. WITLIN, P.A.

Gentlemen:

I received the enclosed Notice even though I had sent in my original report (see copy enclosed) and a check for \$150.00.

In light of my prior submission, which was apparently not received by you, I ask that you waive any late fees and accept the enclosed fee to continue my corporation.

Very truly yours,



BARRY E. WITLIN

BEW/pf
Enclosures