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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9.1a.2

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/16/1985

5. FEI Number: 36-3352220 ☐ Applied For ☐ Not Applicable

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
			700003568217--1 -01/24/01--01002--010 ****400.00 ****400.00
			700003568217--1 -01/24/01--01002--011 ****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ARONSTAM, JENNIFER 1200 SOUTH PINE ISLAND RD. SUITE 230 PLANTATION FL 33324	Name: Patty Fanelli Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd. # Suite, Apt. #, Etc.: 230 City: PLANTATION State: FL Zip Code: 33324

CR2E040 (8/00)

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: Patty Fanelli REGISTERED AGENT Date: OCTOBER 21, 2000

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: [signature] OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: OCTOBER 20, 2000 — Daytime Phone #: (954) 473-4500

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

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

BROWARD (954) 473-4500
DADE (305) 576-4999
FAX (954) 473-1970

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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