PLEASE READ A	FLORIDA DEPARTME FLORIDA DEPARTME Sandra B. Mol Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	APPROVED DE
DOCUMENT # 1/33773			98 JUL 28 PM 1.: 20
HARRY Freedman AND ASSOCIATES,			SECRETARY OF STATE TALLAHASSEE, FLORIDA
Inc			
Principal Place of Business 1520 Spruce Street (SAME)			•
Suite 708			ý r
Phila PA 19102 If above addresses are incorrect in any way, line through incorrect information and enter correction below.			a.
22. New Principal Office Address, II Applicable	ruce street		4. Date Incorporated or Qualified To Do Business in Florida 06/17/96
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		5. FELNumber 2696995 Applied For Not Applicable
Zip 19102 Country USA	Zip Counti	ry	6. CERTIFICATE OF STATUS DESIRED 58 /5 Additional Lee required to 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 Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Nu			lumbers) 4 City / State / Zip
DP Freedman, HA	ray A 1520 S	pruæstr	cet 4708 Phila 14 19/02
			40000260 4 5449
Y.			****150.00 ****150.00
2.00 mm			400026045449 -07/31/3801092006 ****165.00
			*****103.00°
			2000
8. Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered Agent
Blum, Samuel Spencer 2665 S. Bayshire Drive Suite 406			O. Box Number is Not Acceptable)
2663 S. BAYSHIRE DRIVE		Suite, Apt. #, Etc.	
Suite 406 Cocanut Grove, Pl 33133		City State Zip Code	
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.			
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No U (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 filling 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 accurage, 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Da			

Marketing Communications

• Celebrity Promotions

Special Events



July 16, 1998

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

To whom it may concern:

Enclosed please find my application for reinstatement of my Florida corporation HARRY FREEDMAN AND ASSOCIATES, INC. (Federal ID #59-2686995)

I am doing the majority of my business in Philadelphia an did not receive my 1997 renewal forms.

Enclosed please find a check for 1997 in the amount of \$165 and a check for 1998 in the amount of \$150.

Please send all correspondence and other documents to the address below.

Harry A Freedman

President

Sincere