

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N00000006424**

1. Corporation Name  
**FLIGHT ATTENDANT MEDICAL RESEARCH INSTITUTE, INC**

Principal Place of Business Mailing Address  
**C/O STANLEY M. ROSENBLATT** **C/O STANLEY M. ROSENBLATT**  
**12TH FLOOR CONCORD BLDG 66 WEST FLAGLER ST** **12TH FLOOR CONCORD BLDG 66 WEST FLAGLER ST**  
**MIAMI FL 33139-1807** **MIAMI FL 33139-1807**

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

2. New Principal Office Address, If Applicable **201 So. Biscayne Blvd.**  
 Suite, Apt. #, etc. **Suite 1310**  
 City & State **Miami, FL**  
 Zip **33131** Country **USA**

3. New Mailing Office Address, If Applicable **201 So. Biscayne Blvd.**  
 Suite, Apt. #, etc. **Suite 1310**  
 City & State **Miami, FL**  
 Zip **33131** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **09/21/2000**

5. FEI Number **65-0947832**  
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BLISSARD, LANI	607 BALBOA AVENUE	EL GRANADA CA 94018
D	LANE, BLAND	1143 MANOR DRIVE	SONOMA CA 95476
D	LEE, JUDY BS	1827 E OCEAN VIEW AV B3	NORFOLK VA 23503
D	OSTROW, JOHN B ESQ	201 S BISCAYNE BLVD 1380	MIAMI FL 33131
D	ROSENBLATT, STANLEY M ESQ	66 W FLAGLER 12TH FL	MIAMI FL 33130
D	ROSENBLATT, SUSAN ESQ	66 W FLAGLER 12TH FL	MIAMI FL 33130

8. Name and Address of Current Registered Agent

~~INTRASTATE REGISTERED AGENT CORPORATION~~  
~~70+ BRICKELL AVENUE SUITE 3000~~  
~~MIAMI FL 33131~~

9. Name and Address of New Registered Agent

**REINSTATEMENT**  
**Stanley M. Rosenblatt, PA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**66 West Flagler Street**  
 Suite, Apt. #, Etc.  
**12th FL**  
 City **Miami** State **FL** Zip Code **33130**

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 *Stanley M. Rosenblatt*  
 REGISTERED AGENT MUST SIGN

**400004659334--5**  
**-10/30/01--01064--001**  
**\*\*\*\*245.00 \*\*\*\*245.00**  
 Date **10/16/01**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *Stanley M. Rosenblatt* (President) and CEO **10/16/01** **305-374-6131**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Stanley M. Rosenblatt** Date Daytime Phone #

FILED  
 01 OCT 17 AM 11:54  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



CR20040 (8/01)