

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P00000013364

1. Corporation Name
ISMARY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1455 MICHIGAN AVENUE SUITE 17 MIAMI BEACH FL 33139	1455 MICHIGAN AVENUE SUITE 17 MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable 100 LINCOLN RD Suite, Apt. #, etc. SUITE 424 City & State MIAMI BEACH, FL Zip 33139 Country USA		3. New Mailing Office Address, If Applicable 26 SW 27 RD. Suite, Apt. #, etc. City & State MIAMI, FL Zip 33129 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 02/07/2000	
5. FEI Number 65-0997232				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
D	SERRANO, ISMARY	15400 SW 48TH STREET 26 SW 27 RD.	MIAMI FL 33185 33129
			000004703020--0
			-12/03/01--01085--012
			****150.00 ****150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GLAUSER, STUART H 12910 S.W. 84 STREET MIAMI FL 33183	Name LUIS BRITO, BRITO + BRITO ACCOUNT Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD. Suite, Apt. #, Etc. SUITE 5-B City MIAMI BEACH, FL State FL Zip Code 33139

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 [Signature] **SIGNATURE REQUIRED** Date 11/6/01
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: SIGNATURE REQUIRED SERRANO 11/5/01 (305) 962-7103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
B. VARNADOE NOV 20 2001
Date
Daytime Phone #

CR2E040 (8/01)

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ISMARY & ASSOCIATES, INC.

**Ismary C. Serrano
26 SW 27 Road
Miami, FL 33129**

November 6, 2001

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: ISMARY & ASSOCIATES, INC.

Dear Sirs:

Enclosed please find annual report for the above-mentioned corporation.

My registered agent moved his office and never forwarded to me the initial notice to file. I am extremely pleased that you tracked my new address and I received the second notice.

As a consequence of the negligence of my registered agent, I have changed to a new agent, as shown in the enclosed report.

Sincerely,



Ismary C. Serrano
Director