

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

03 OCT 15 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000015850

1. Corporation Name

JEFFREY E. NEWMAN & ASSOCIATES, INC.

Principal Place of Business

999 BRICKELL AVENUE, SUITE 800
MIAMI FL 33131

Mailing Address

999 BRICKELL AVENUE, SUITE 800
MIAMI FL 33131



REINSTATEMENT 2003

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

02/09/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1020709

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| D | NEWMAN, JEFFREY E | 999 BRICKELL AVENUE, SUITE 800 | MIAMI FL 33131 |
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10/16/03--01089--007 **750.00

8. Name and Address of Current Registered Agent

NEWMAN, JEFFREY E
999 BRICKELL AVENUE, SUITE 800
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, Etc. _____

City _____ State **FL** 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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/14/03

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 #

10/14/03 305-37-633

CR2E040 (7/03)