	PLEASE READ	ALL INSTRU	CTIONS BEI	FORE (COMPLETIN	IG THIS FO	DRM. /	カフ
	PPLICATION FOR NSTATEMENT	Katl Secr	PARTMENT OF perine Harris etary of State of corporation		F	ILED		8 ~
DOCUMENT # P0000097784 1. Corporation Name					01 00	1 15' AM	9: 13	
MICHAEL A. BRYANT, P.A.					SECRE TALLA	TARY OF ST IASSEE, FL	ORIDA	
Principal Place of Business Mailing Address								
-300 E LAS GLAS BLVD A330 E LAX			-					
	addresses are incorrect in any way. line th				F e		•	
	Principal Office Address, if Applicable	3. New Mailing Office Address, If Applicable SAME			Dely Incorporated or Qualified To Do Business in Florida 10/17/2000			
Suite, Ap	vite 31	Suite, Apt. #, etc.			5. FEI Number		10/11/20	Applied For
City & St	t Lauderdule FL	City & State		,	65-10	47646		Not Applicable
Zip 3	3309 Browns US	Ziç Ziç	Country		CERTIFICATE OF	STATUS DESIRED	S8.75 Addit	ional Fee required Neste of Status
	s and Street Addresses of Each Officer and	/o: Director (Florida non	profit corporations ma	ust list at ler	at 3 directors)		Material Control	
Title(s)	Name of Officers and/or Directors	9		ress of Each I/or Director		.,	city / State / Zip	-
D	BRYANT, MICHAEL A	350 €	LAS OLAS BLVD	. SUPE 12	50	AT LAUDERDAL	E FI 33301	
			*.	500004659436				
	8. Name and Address of Current	Registered Agent			5 hame and Addr	ess of Now Regis	tered Agent	
-3732	SS, INC. N.W. 16TH STREET NUDERDALE FL 33311-4132		Mic		ngnt or Acceptable) mercial L	3/ <i>Vd</i> . State Zip Co FL 33)	309	
Signature Registered 11. I certif this rei	d Agent	Sugar EGISTERED AGENT MU ver or trustee empowers study nas been eliminate names of individuals liste	ST SK2N d to execute this applied, the corporate nead on this form do not	ilitation as pri no satisfies ti qualify for e	ovided for an unapper he requirements of si n exemption under s	Date	617.0401, F.S.,	at when tiling , that all fees
SIGNA	TURE: Michael	Bujar NTES NAME OF STRANDO				10/12/1	0(22) Daytine Pho	-4) 9-1630

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Michael A. Bryant, P. A.

Nineteen Hundred Building, Suite 31 1900 W. Commercial Blvd. Ft. Lauderdale, FL 33309-3018 mabesq@bellsouth.net

Telephone: (954) 229-1630

Fax: (954) 229-1631

October 12, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Madam/Sir:

The purpose of this letter is to request a waiver of the reinstatement fee as we moved twice from our original location of incorporation, and did not receive the original notices. Enclosed please find the completed Application for Reinstatement, and company check for \$150.00.

Additionally, this was our first year of operation, and I was under the mistaken belief until today, that our payroll service, Paychex, was making all necessary filings on our behalf, because when we signed up for the service at our second location in Miami the representative said that she would file the change of address ... with the State. A secretary from our original location found us, and faxed the application for reinstatement today, which I immediately completed, and contacted your office for additional instructions.

I deeply regret any inconveniences that my inexperience and tardiness my have caused.

Very truly yours,

Michael A. Bryant

For the Firm MAB/mab

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