

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000005331

1. Corporation Name

MERYL YELMAN, P.A.

Principal Place of Business

7051 ENVIRON BLVD. #437
LAUDERHILL FL 33319

Mailing Address

7051 ENVIRON BLVD. #437
LAUDERHILL FL 33319

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

2. New Principal Office Address, If Applicable

5749 GEMSTONE CT #106

Suite, Apt. #, etc.

Boynton Beach, FLA.

City & State

Zip 33437

Country USA

3. New Mailing Office Address, If Applicable

5749 GEMSTONE CT #106

Suite, Apt. #, etc.

Boynton Beach, FL

City & State

Zip 33437

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

65-1072729

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	YELMAN, MERYL	7051-ENVIRON BLVD. #437	LAUDERHILL-FL-33319
		5749 GEMSTONE CT #106	Boynton Beach, FL 33437

800008871928

11/07/02--01067--004 **158.75

8. Name and Address of Current Registered Agent

BAUMAN, DAVID M ESQ.
7119 W. BROWARD BOULEVARD
PLANTATION FL 33317

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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
MERYL YELMAN

10/28/02 9546839373

Date

Daytime Phone #

CR2E040 (8/02)

October 30, 2002

Meryl Yelman PA
C/o 5749 Gemstone Ct. # 106
Boynton Beach, Fl. 33437

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, fl. 32399

RE: Reinstatement EIN 65-1072729

To Whom It May Concern:

As per my telephone conversation with your office today, I am sending you a \$150.00 reinstatement fee for Meryl Yelman PA plus the \$8.75 for a certificate of status.

I have not received any of the report forms even though I sent in a change of address notice earlier this year.

I appreciate your attention to this matter. I am in the process of preparing all the necessary filings at this time.

Thank you.

Sincerely,


Meryl Yelman

C. Dennis Klein, Accountant.