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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006 DEC -8 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000073167

1. Corporation Name

PHILIP STEIN, INC.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
169 East Flagler Street	169 East Flagler Street
Suite, Apt. #, etc.: #1701	Suite, Apt. #, etc.: #1701
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 200040124 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mark F. Raymond, P.A.

Street Address (P.O. Box Number is Not Acceptable): One Biscayne Tower, 21st Floor

Suite, Apt. #, Etc.: 2 South Biscayne Boulevard

City: Miami State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Mark F. Raymond Date: 12/8/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Wilhelm Stein	169 East Flagler Street, #1701	Miami, Florida 33131
D	Rina Stein	169 East Flagler Street, #1701	Miami, Florida 33131

10. 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 contained in Chapter 119, F.S. The information enclosed on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Rina Stein 12/08/06 305-373-0037

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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12/8 QD

Florida Department of State

Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

0650.61216

CORPORATION REINSTATEMENT

PHILIP STEIN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$750.00~~ $150.00

In accordance w/ S.607.1932(6), F.S. the corporation did not receive the prior notice of annual report. Please adjust fee to: $150.00

Thank You!

Electronic Filing Menu Corporate Filing Menu Help

12/08/2006 11:50:28 AM