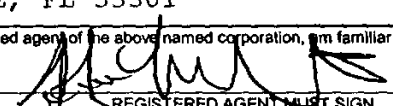



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FOR <i>99</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000044602 1. Corporation Name NYMAN, INC. <i>W99-13904</i>			
Principal Place of Business 1500 SW 66TH AVENUE PEMBROKE PINES, FL 33023 USA		Mailing Address P.O. BOX 835738 HOLLYWOOD, FL 33083-5738 USA	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 200 EAST LAS OLAS BLVD Suite, Apt. #, etc. SUITE 1480 City & State FORT LAUDERDALE, FL Zip 33301 Country USA		3. New Mailing Office Address, if Applicable 200 EAST LAS OLAS BLVD Suite, Apt. #, etc. SUITE 1480 City & State FORT LAUDERDALE, FL Zip 33301 Country USA	
4. Date Incorporated or Qualified To Do Business In Florida 06/23/1993		5. FEI Number 65-0419701	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$9.75 Additional Fee required for a Certificate of Status	
REINSTATEMENT 97-99			
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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	MORTON NYMAN	200 EAST LAS OLAS BLVD SUITE 1480	FT LAUDERDALE, FL 33301
VD	MICHAEL NYMAN	200 EAST LAS OLAS BLVD SUITE 1480	FT LAUDERDALE, FL 33301
VSTD	STEVEN A. FELKOWITZ	501 SOUTH ANDREWS AVENUE	FT LAUDERDALE, FL 33301
8. Name and Address of Current Registered Agent STEVEN A. FELKOWITZ 501 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33301		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. Signature of Registered Agent <i>SAF</i>  Date 6/16/99 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on Intangible tax.)			
12. 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 name 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: 		6-8-99 954-467-0033 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

99 JUL -1 AM 10:17
 STATE
 TALLAHASSEE, FLORIDA

800002936588-3
 -07/20/99--01076--010
 ***1050.00 ***1050.00

LS

CR25040 (1/99)