

APPROVED  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000046919

1. Corporation Name

RICHARD T. HALPERN, LTD., INCORPORATED

Principal Place of Business

Mailing Address

~~256 WORTH AVE~~  
STE U  
PALM BCH FL 33480  
US

256 WORTH AVE  
STE U  
PALM BCH FL 33480  
US

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

2. New Principal Office Address, if Applicable

256 WORTH AVE

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

256 WORTH AVE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1993

5. FEI Number

65-0443661

Applied For

Not Applicable

8. CERTIFICATE OF STATUS DESIRED

7. Name(s) and Street Address(es) 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
P	HALPERN, RICHARD T	256 WORTH AVE STE U 256	PALM BCH FL 33480

REINSTATEMENT 2000  
MHN

8. Name and Address of Current Registered Agent

FLORIDA-LAWDOCK, INC.  
515 N. FLAGLER DR.  
SUITE 603  
WEST PALM BEACH FL 33402-3188

9. Name and Address of New Registered Agent

Name: Richard Halpern  
Street Address (if Different Number is Not Applicable):  
256 WORTH AVE  
Suite, Apt. #, etc.:  
Palm Beach  
City:  
State: FL Zip Code: 33480

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0805, F.S.

Signature of Registered Agent

*Richard Halpern*

REGISTERED AGENT MUST SIGN

Date

11/6/00

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)(b), 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:

*Richard Halpern*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/00 561-832-8020

Daytime Phone #

PHONE: 850-487-6086

HEARING/VOICE impaired may call 850-487-6086 (TDD)