	PLICATION FOR STATEMENT	FLORIC	DA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	NT OF STATE rtham State		TING THIS FOR FILED SEP -2 PM 1:			
DOCUMENT # P94000 32405 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Atto	rney Referral Leg	al Serv	ices, Inc	•					
Principal Place of Business Mailing Address									
120 g West	S. Olive Avenue, a Palm Beach, FL	Suite 3 33401	07		ł				
	dresses are incorrect in any way, line the cipal Office Address, If Applicable	*	information and enter		4 Data lasses	perstant or Qualified			
•			x 21715		To Do Busin	ate Incorporated or Qualified D Do Business in Florida 4/28/94			
					ı	5. FEI Number Applied For 65 – 0492489 Applied For			
Zip	Country	Zip	Palm Beac	h, FL	6.		\$8.75 Additions	ot Applicable of Fre required	
7. Names ar	nd Street Addresses of Each Officer and	33416	orida nonprofit corpor	ations must list at le		E OF STATUS DESIRED	for a Certifica	ite of Status	
Title(s)	Name of Officers S and/or Directors C			reet Address of Each ficer and/or Director se Post Office Box I	h City / State / Zip				
D	Brown, Douglas		120 S. Olive Ave., #307			West Palm	Beach.	FT. 334	
						-09/04/97 -09/04/97 ***1080,	01102- 00***1	-006 080.00	
			MEIN	STATE	MENT	45-97	7		
						56	9-3-	-97	
Name						9. Name and Address of New Registered Agent			
3732 N. W. 16th St. Street Addr					rd D. Nadel, Esquire ss (P.O. Box Number is Not Acceptable) PGA Blvd., Suite 970				
Ft. Lauderdale, FL 33311				3300 PGA Blvd., Suite 970 Suite, Apt. #, Etc.					
				City Palm Be	ach Card	Sang Si	ate Zip Code		
10. I, being ap Signature of Registered Ag	ppointed the registered agent of the abor-	-بىق		th and accept the ob	oligations of Section	on 607.0505, F.S. Date8/27/9			
	es this corporation pay a ot. of Revenue under S.	ny intang	ible tax to th	e utes. Yes[(See other	side for informat tangible tax.)	ion	
I2. I certify the this reinsta owed by th	at I am an officer or director or the receivatement application, the reason for dissolve corporation have been paid and the nolication is true and accurate, and my sig	er or trustee em ution has been ames of individi	npowered to execute teliminated, the corpouals listed on this form	his application as prate name satisfies to	rovided for in chap he requirements o	of section 607 0401 or 617	DAD1 E.C. shot	01/4000	
					0.4	/ L 1561) 833-8	2077	