

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

1996 NOV - 1 AM 9:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 944000070832

1. Corporation Name
Klaskin, Kushner & Company Inc.

Principal Place of Business Mailing Address
740 Valencia Ave.
Coral Gables, FL 33134

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable <u>813 Anastasia Ave.</u>	3. New Mailing Address, if Applicable <u>813 Anastasia Ave.</u>	4. Date Incorporated or Qualified To Do Business in Florida <u>9/27/94</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <u>65-0540164</u>
City & State <u>Coral Gables, FL</u>	City & State <u>Coral Gables, FL</u>	Applied For <input type="checkbox"/>
Zip <u>33134</u>	Country	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		

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
PO	Arthur Kushner	813 Anastasia Ave.	Coral Gables, FL 33134
SVD	Stuart Klaskin	503 Santander Ave., #4	Coral Gables, FL 33134

REINSTATEMENT *get the file*

8. Name and Address of Current Registered Agent <u>Stuart Klaskin</u> <u>740 Valencia Ave.</u> <u>Coral Gables, FL 33134</u>	9. Name and Address of New Registered Agent Name: <u>Stuart Klaskin</u> Street Address (P.O. Box Number is Not Acceptable): <u>503 Santander Ave.</u> Suite, Apt. #, Etc.: <u>4</u> City: <u>Coral Gables</u> State: <u>FL</u> Zip Code: <u>33134</u>
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
 Signature of Registered Agent: [Signature] Date: 10/10/96
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Arthur Kushner, Pres. 10/10/96 305-446-2431
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (12/95)