


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 21 AM 8:00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P94000080095*

1. Corporation Name
JOEL H. YUDENFREUND, P.A.

600022461186
 08/21/03--01003--003 **458.75

REINSTATEMENT *01-03*

2. Principal Office Address <i>132 Mystic Lane</i>		3. Mailing Office Address <i>132 Mystic Lane</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jupiter, Florida</i>		City & State <i>Jupiter, Florida</i>	
Zip <i>33458</i>	Country <i>USA</i>	Zip <i>33458</i>	Country <i>USA</i>

4. Date Incorporated or Qualified To Do Business in Florida <i>October 31, 1994</i>	
5. FEI Number <i>65-0532447</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Joel H. Yudenfreund

Street Address (P.O. Box Number is Not Acceptable)
132 Mystic Lane

Suite, Apt. #, Etc.

City
Jupiter

State
FL

Zip Code
33458

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date *8/19/03*

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>PTSD</i>	<i>Joel H. Yudenfreund</i>	<i>132 Mystic Lane</i>	<i>Jupiter, Florida 33458</i>

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 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: *[Signature]* *Joel Yudenfreund, President* Date *8/19/03* Daytime Phone # *541-653-3124*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)