

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

96 APPLICATION FOR AR REINSTATEMENT



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

[Handwritten signature]

DOCUMENT # P95000049389

1. Corporation Name
ROBERT KAMHOLTZ, P.A.

FILED
96 SEP 23 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5600 ST. ANNE'S WAY BOCA RATON FL 33487
5600 ST. ANNE'S WAY BOCA RATON FL 33487



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/22/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0598689	
Country		Country		Applied For	
33496		33496		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
<i>[Signature]</i>	KAMHOLTZ, ROBERT	5600 ST. ANNE'S WAY	BOCA RATON FL 33496

000001970730
-10/10/96--01058--018
****236.25 ****236.25

[Handwritten signature]

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
KAMHOLTZ, ROBERT 5600 ST. ANNE'S WAY BOCA RATON FL 33496		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		State Zip Code FL 33496	

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 *[Signature]* Date 9/19/96
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 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]* 9/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/96)