

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 21 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400112599484
11/27/07--01021--012 **8.75

400112599484
11/27/07--01021--011 **1350.00

CR2E081 (1/07)

DOCUMENT # P95000066733

1. Corporation Name

Whitman Investments, Inc.

2. Principal Office Address - No P.O. Box #

3800 Toledo St
Suite, Apt. #, etc.

3. Mailing Office Address

3800 Toledo St
Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1995

5. FEI Number

650606317

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Heather Chapman
as its agent

Date **11/21/07**

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
Pres	Victor Whitman	3800 Toledo St	Coral Gables FL 33134
Secy	Marina Whitman	3800 Toledo St	Coral Gables FL 33134
Treas	Ariella Whitman	200 E 69 NYL NY	NYL NY 10021

REINSTATEMENT

1999-07

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 contained in Chapter 119, 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:

Victor Whitman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 19 2007 3054411490
Date Daytime Phone #

VICTOR WHITMAN, M.D.
3800 toledo street, coral gables, fl. 33135
tel 305 441 1490 email yw3939@bellsouth.net

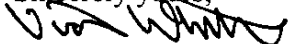
November 19, 2007

Division of Corporations
State of Florida

Dear Sir/Madam;

The above information is the contact data for Whitman Family Partnership id 650606319
and Whitman Investments id 650606317.

Sincerely yours;


Victor Whitman, M.D.

RECEIVED
07 NOV 21 PM 12:47
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA