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REINS	IBANNI CO	FLORIDA	A DEPARTMEN Sandra B. Mort Secretary of Si VISION OF CORPOR	T OF STATE ham tate	J	NG THIS FORM. OVED ID ED	XV
DOCUMENT# <b>P9600005346</b>					98 NOV 30 AM II: 05		
1. Corporation Name STANBERG & COMPANY, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	ace of Business NDREW BLVD DN FL 33433	PLACE CH FL 33446					
Suite, Apt. #, etc. Suite, Apt. #, etc. Sile E			ng Office Address, If Applicable		Date Incorport To Do Busin     FEI Number	00 0440074	
City & State  City & State  City & State  City & State  Zip  Country  Zip  COUNTRY			Country		1	22-3419971 Not A  OF STATUS DESIRED S8.75 Additional Fe for a Certificate of	
7. Names a	and Street Addresses of Each Officer and/			ions must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors 3 (Do			Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip	
D	GREENBERG, DAVID	ENBERG, DAVID 7260 CLUNIE PL			3	DELRAY BEACH FL 33446	
D	GREENBERG, STANLEY	7260 CLUNIE PLACE, APT. 14903			DELRAY BEACH FL 33446		
					40	00002707414- -12/09/380107200 ****150.00 ****150	7
	Name and Address of Current	Registered Age	ent		9. Name and A	Address of New Registered Agent	
GREENBERG, DAVID 7260 CLUNIE PLACE APT. 14903 DELRAY BEACH FL 33446				Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State Zip Code			CR2E040 (9/98)
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  REGISTERED AGENT MUST SIGN  11. This corporation owes or has paid the current year  (See Me) sight for intermation							
Intangible Personal Property tax due June 30. Yes No on (francicle 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 accourate, and my signature shall have the same logal effect as if made under oath.							

SIGNATURE: SIGNATURE AND

1((q(f)) 56(3684555 Daytime Phone #

## DAVID GREENBERG 7260 CLUNIE PLACE APT. 14903 DELRAY BEACH, FLORIDA 33446

November 19, 1998

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: STANBERG & COMPANY, INC. DOCUMENT # P96000005346 FE ID# 22-3419971

## Gentlemen:

Enclosed please find Application for Reinstatement of the above referenced company, of which I am one of the owners, along with the Corporation's check to the order of the Department of State in the sum of \$150.00.

I am requesting that you waive the reinstatement fee of \$600.00 because of the fact that I never received the original form for filing an annual report.

I am working 7 days a week in running this small business and was totally unaware of such a requirement.

I believe that the application was mailed to my home address and never arrived. I base this belief on the fact that I have been having continuing problems with having mail go to another Greenberg in my building. This person, who is only in Florida for limited periods of time, has mail forwarded to him at his permanent residence in Connecticut. There have been numerous incidents where I have failed to receive mail and know for a fact it was delivered to the wrong person.

I would greatly appreciate your consideration in waiving the reinstatement fee based on the circumstances I have outlined above.

Thanking you, I am,

Very truly yours

David Greenber

President

Stanberg & Company, Inc.