

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 97-98 REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 FEB 13 PM 4:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P96000085606</u>					
1. Corporation Name <u>Schwartz, Wagner + Koenig Intellectual, Inc</u>					
Principal Place of Business <u>556 NW 46 St</u> <u>Miami, FL 33127</u>		Mailing Address <u>P.O. Box 370-442</u> <u>MIA MI FL 33137</u>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. <u>556 NW 46 St</u> City & State <u>Miami, FL</u> Zip <u>33127</u>		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country <u>USA</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>10/14/1996</u> 5. FEI Number <u>65-0714648</u> 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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3	4		
<u>Pres</u>	<u>Sarah Carline</u>	<u>556 NW 46 St</u>	<u>Miami, FL 33127</u>		
			<u>300002432759-0</u> <u>-02/17/98--01053--004</u> <u>***\$00.00 ***\$00.00</u>		
			REINSTATEMENT 97-98 <u>G. Alan</u> <u>2/13/98</u>		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. # Etc.		
			City		
			State	Zip Code	
			FL	33127	
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 <u>Sarah Carline</u>		Date <u>2/10/98</u>			
REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <u>Sarah Carline</u>		Date <u>2/10/98</u>		Daytime Phone # <u>305-573-3870</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					