PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P96000094666 DOCUMENT

1. Corporation Name

MARC G. EPSTEIN, P.A.

Principal	Diago	Rusinoso	

FILED

03 OCT 10 AM 9:42

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Principal P	lace of Busine	ss	Mailing Addre	ess		1			
150 EAST I	DAVIE BLVD.		150 EAST DAY	VIE BLVD.)	
201		201							
FT. LAUDEF	RDALE FL 3331	6	FT. LAUDERDA	ALE FL 3331	6	7537	2000 CAR OF FREE !		
US			US	US		3 - 4			
		incorrect in any way, line thre					·		
		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 11/15/1996					
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For		
Cov & State	9	· · · · · · · · · · · · · · · · · · ·	City & State		1 65-0723763		Not Applicable		
Zip		Country	Zip Country		6. S8.75 Additional Fee requir				
Zip		Country	2.15	•	Country	CERTIFICATE	OF STATUS DESIRED 🔲	or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flor	ida nonprofi	it corporations must list at lea	st 3 directors)			
T:\\- (-)		Name of Officers			Street Address of Each		City / Ct	oto / Zin	
1.itle(s)	Title(s) and/or Directors			3 Officer and/or Director			City / State / Zip		
PSTD	PSTD EPSTEIN, MARC G			150 EAST DAVIE BLVD. #201		FT. LAUDERDALE FL 33316			
	 		,						
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						40	DD237134	84	
						10/10/	<u>DO237134</u> D301076011	**150.00	
				!					
	8. Nam	e and Address of Current I	Registered Age	nt		9. Name and Address of New Registered Agent			
					Name				
EPSTEIN, MARC G			Straat Address (P	Observations (D.O. Breaklands and Market and					
150 EAST DAVIE BLVD.				Street Address (P.O. Box Number is Not Acceptable)					
201				Suite, Apt. #, Etc.					
FT. LAUDERDALE FL 33316		City			Ctoto	Zin Codo			
			City			State	Zip Code		
10. I, being	appointed the	registered agent of the abo	ve named corpo	ration, am fa	amiliar with and accept the ob	oligations of Sect	on 607.0505, F.S. or 617.050	5, F.S.	
		m)	m 1	/ #					
		1111 4	K SI	M			/	/20	
Signature of Registered Agent (ax)					,				
. logistored	go.n	RE	GISTERE	ENT MUST	SIGN				
11. I certify	that I am an o	officer or director or the receiv	er or trustee em	powered to	execute this application as p	rovided for in cha	pter 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARC G. EPSTEIN, P.A.

Marc Gary Epstein Attorney-at-Law

Member Florida & New York Bars

150 East Davie Boulevard, Suite 201 Fort Lauderdale, Florida 33316

Telephone 954-761-8308 Facsimile 954-761-8144 mgepsteinLaw@aol.com

Hand-Delivered

October 8, 2003

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

Re: Reinstatement Waiver of Penalties

Gentlemen:

Please be advised that the undersigned as officer of the above-captioned Florida Corporation did not receive any prior corporate annual report forms for the year 2003. I have enclosed the appropriate filing fee and completed report form. Thank you for your courtesies in this regard.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

LAW OFFICES OF MARC G. EPSTEIN, P. A.

MGE:ij

Encs.

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