PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

02-03

FILED
03 JUN 10 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000039533

1. Corporation Name: Klayman & Toskes, P.A.

100020763461
06/10/03--01078--001 **300.00

2. Principal Office Address	3. Mailing Office Address
900 N. FEDERAL HIGHWAY	900 N FEDERAL HIGHWAY
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: SUITE 200
City & State: BOCA RATON, FLORIDA	City & State: BOCA RATON, FLORIDA
Zip: 33432 Country: U.S.A	Zip: 33432 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 5/5/97

5. FEI Number: 65-0750991 ☐ 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: LAWRENCE L KLAYMAN
Street Address (P.O. Box Number is Not Acceptable): 900 NORTH FEDERAL HIGHWAY
Suite, Apt. #, Etc.: SUITE 200
City: BOCA RATON State: FL Zip Code: 33432

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 _____ Date 6/9/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	LAWRENCE L KLAYMAN	900 N. FEDERAL HIGHWAY	BOCA RATON, FLORIDA 33432

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 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: _____ 6/9/03 561-470-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 6/11

KLAYMAN & TOSKES, P.A.
Attorneys and Counsellors at Law

Steven D. Toskes, Esq.
stoskes@nasd-law.com

Boca Raton, Florida
New York, New York
San Francisco, California

June 9, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Reinstatement of Klayman & Toskes, P.A.

Dear Sir or Madam:

Please find enclosed an original plus one copy of Klayman & Toskes, P.A.'s application for corporation reinstatement along with a check in the sum of $300.00. We hereby request that the $600 fee be waived as the annual report forms were never received by this office. Should you require further information or documentation, please do not hesitate to contact the undersigned.

Very truly yours,

Audrey J. Nadler
Paralegal
/ajn
Enclosures