PLEASE READ	<b>ALL INSTR</b>	UCTIONS BEFORE C	OMPLET	ING THIS FORM.		
APPLICATION FOR C	<b>)</b>	DEPARTMENT OF STATE (atherine Harris ecretary of State		FILEL		
REINSTATEMENT		SION OF CORPORATIONS		CHETARY OF STATE JUN OF CORPORATION	. ~	
DOCUMENT # <b>P97000048461</b> 1. Corporation Name			99 OCT 25 PM 4: 03			
ANDREW V. TRAMONT, P.A.						
Principal Place of Business Mailing Address						
2300 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI FL 33131-4329	201 S BISCAYNE	2300 MIAMI CENTER 201 S BISCAYNE BLVD MIAMI FL 33131-4329		1 1948 18 18 18 18 18 18 18 18 18 18 18 18 18		
Prairies addresses are incorrect in any way, line the New Principal Office Address. If Applicable 2013. Biscourse Blvd		ugh incorrect information and enter correction below.  3. New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida		
Stile Apt #, etc. Mani Certer	Suite, Apt. #, etc	Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State  Mich Howarday	City & State			65-0759280	Not Applicable	
Zip Country A	Zip	Country	6. CERTIFICATI	E OF STATUS DESIRED (\$8.75)	Additional Fee required Certificate of Status	
7. Names and Street Addresses of Each Officer and	l/or Director (Florida	- <del></del>	<del></del>			
Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
D TRAMONT, ANDREW V		2200 MIAMI CTR., 201 S BISCAYNE		MIAMI FL 33131		
		16.	E	00003033 -11/02/990 ****150.00	0585 1099001 ****150.00	
		P/111	1			
8. Name and Address of Current	Registered Agent	News	9. Name and	Address of New Registered Age		
MIAMI FL 99191	mari, mu o xnix	Street Address (F. Sulte, Apt.) Etc.  City	O. Box Number	is Not Acceptable)  Course Blvd  State  Fil	i Cartar	
Signature of Registered Agent Of the at	ove named exporat		bligations of Sect		lag	
11. I certify that I am an officer or director or the recthis reinstatement application, the reason for discoved by the corporation have been paid and the on this application is true and accurate, and my terms.	solution has been eli names of individual	minated, the corporate name satisfies s listed on this form do not qualify for	the requirements an exemption un-	of section 607.0401 or 617.0401	, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PR	RINTERNAME OF SIGN	NING OFFICER OR DIRECTOR	101	30/99 (305 Date Daylin	) 3 41-3 126 ne Phone #	

## LAW OFFICE OF

## ANDREW V. TRAMONT P.A.

1700 MIAMI CENTER 201 SOUTH BISCAYNE BOULEVARD MIAMI, FLORIDA 33131-4329

ANDREW V. TRAMONT

TELEPHONE: (305) 341-3126 (DIRECT) : (305) 379-9000 (MAIN)

TELEFAX

: (305) 579-9097 (DIRECT) : (305) 379-3428 (MAIN)

E-MAIL

: avtpa@bellsouth.net

ADMITTED TO FLORIDA AND NEW YORK BARS

October 20, 1999

Florida Department of State Katherine Harris - Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Application for Reinstatement of Andrew V. Tramont, P.A.

Dear Madam or Sirs:

Enclosed please find my corporation's application for reinstatement, along with the annual renewal fee of \$150. The reason I did not send this in earlier is because I never received either the first or second renewal notices. The only one I received was the notice of revocation.

Along with a number of law firms who shared space at my old address (2300 Miami Center), I moved my offices in the earlier part of this year. The Post Office was refusing to forward any mail to any of the offices other than the office to which the main law firm had moved. It was only recently that this was resolved, and I have started to receive the mail sent to my old address.

I apologize for this delinquency. I would respectfully request that the State allow me to file this application at the normal cost. If this is not permitted, please let me know immediately.

Thank you for your consideration in this matter.

Very truly yours,

LAW OFFICE OF ANDREW V. TRAMONT. P.A.

By:

Andrew V. Tramont