


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 21 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000055706

1. Corporation Name
STEVEN ZUCKER, P.A.

REINSTATEMENT 29

Principal Place of Business Mailing Address

16211 NE 18 AVENUE MIAMI FL 33162 16211 NE 18 AVENUE MIAMI FL 33162



000023958120
10/21/03--01010--003 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 1640 Town Center Circle Suite, Apt. #, etc. Suite 218 City & State Weston, FL Zip 33326 Country	3. New Mailing Office Address, If Applicable 1640 Town Center Circle Suite, Apt. #, etc. Suite 218 City & State Weston, FL Zip 33326 Country
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4. Date Incorporated or Qualified To Do Business in Florida 06/25/1997
5. FEI Number 65-0769054
Applied For Not Applicable
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	ZUCKER, STEVEN	16211 NE 18TH AVENUE 1640 Town Center Circle, Ste 218	NORTH MIAMI BEACH FL 33162 Weston, FL 33326

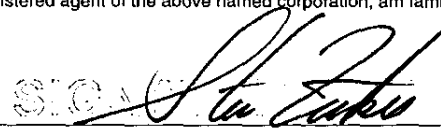
8. Name and Address of Current Registered Agent

SLADE, ROGER
HABER, LEWIS & PATHMAN, LLP
2 BISCAYNE BLVD SUITE 2400
MIAMI FL 33131

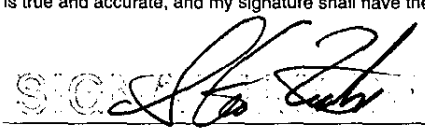
9. Name and Address of New Registered Agent

Name Steven Zucker
Street Address (P.O. Box Number is Not Acceptable) 1640 Town Center Circle
Suite, Apt. #, Etc. Suite 218
City Weston State FL Zip Code 33326

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. or 617.0505, F.S.

Signature of Registered Agent  Date 10/13/03
REGISTERED AGENT MUST SIGN

11. 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:  Date 10/13/03 Daytime Phone # 954 389 9920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)