PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

P97000065029 DOCUMENT #

1. Corporation Name

MICHAEL WEISSMAN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

751 PARK OF COMMERCE DRIVE

SUITE 108

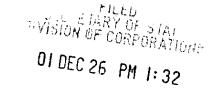
SIGNATURE:

751 PARK OF COMMERCE DRIVE

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SUITE 108



BOCA RATON FL 33487			BOCA RATON FL 33487				- 15111 12211 44111 45111 46111 45112 6116	The state of the s		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							FING	TATEMENT_		
New Principal Office Address, If Applicable 3. New Mail					ng Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc. Suite, Apt.				, etc.			0//28/199/			
City & State			City & State				3. 1 E 11011106	65-0772853	Applied For Not Applicable	
Zip Country			Zip Coui				6. CERTIFICATE OF STATUS DESIRED S8.75 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 I Officer and/or Dire						
DP	WEISSMAN, MICHAEL			751 PARK OF COMMERCE DR STE 1			E 108	BOCA RATON FL 33487		
DS	WEISSMAN, LINDA			6887 VIENTO WAY				BOCA RATON FL 33437		
					50			00047651950 -01/10/0201065003 ****750.00 ****750.00		
								SIAM		
							9. Name and Address of New Registered Agent			
8. Name and Address of Current Registered Agen					Name			s. Name and Audress of New Registered Agent		
WEISSMAN, MICHAEL 751 PARK OF COMMERCE DRIVE								O. Box Number is Not Acceptable)		
SUITE 108					Suite, Apt. #, Etc.					
BOCA RATON FL 33487					City			State Zip Code		
10. I, being	appointed the	registered agent of the above	ve named corpo	oration, am f	amiliar with a	and accept the ob	oligations of Secti			
Signature o Registered	of Agent	And Il	US	'nー		lestra	1	Date /2/15/3	<i>801</i>	

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