

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

99



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000018407

1. Corporation Name

PRL & ASSOCIATES, INC.

Principal Place of Business

21155 NE HELMSMAN DRIVE  
AVENTURA FL 33180

Mailing Address

21155 NE HELMSMAN DRIVE  
AVENTURA FL 33180

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

2. New Principal Office Address, If Applicable

21155 HELMSMAN DR  
Suite, Apt. #, etc.  
M14

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

21155 HELMSMAN DR.  
Suite, Apt. #, etc.  
M14

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/25/1998

5. FEI Number

65-0819624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ROGERS-LIBERT, PATRICIA	21155 NE HELMSMAN DRIVE M14	AVENTURA FL 33180
V	LIBERT, PAUL	21155 HELMSMAN DR. M14	AVENTURA, FL 33180
			100003022861--2 -10/22/99--01106--001 ****150.00 ****150.00
			ITS 99A2

8. Name and Address of Current Registered Agent

BESKIN, JAY R  
20801 BISCAYNE BLVD  
#505  
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name  
PAUL LIBERT  
Street Address (P.O. Box Number is Not Acceptable)  
21155 HELMSMAN DR.  
Suite, Apt. #, Etc.  
M14  
City  
AVENTURA  
State  
FL  
Zip Code  
33180

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.

Signature of Registered Agent

Paul Libert

REGISTERED AGENT MUST SIGN

Date 10/12/99

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)(f), 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:

Paul Libert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99

Date

(305) 933-9775

Daytime Phone #

# PRL & Associates, Inc.

October 12, 1999

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl 32314-6327

RE: Document # P9800018407  
PRL & Associates, Inc.

Dear Sir or Madam:

This is to request a one-time waiver of the reinstatement fee. We did not pay the Annual Report because we never received notification. The attorney who filed our original report left out the unit number of our address. Since we work out of our residence the postal service would not have known how to deliver the notice.

We understand that the Annual Report fee is due each year by May 1 and assure you that this mistake will not occur again. Thank you for your consideration of this request.

Very truly yours,

*Paul Libert*  
Paul Libert  
Vice President