

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000026160

1. Corporation Name

HAROLD P. BERNSTEIN MANAGEMENT, INC.

Principal Place of Business

220 SUNRISE AVENUE STE. 201  
PALM BEACH FL 33480

Mailing Address

220 SUNRISE AVENUE STE. 201  
PALM BEACH FL 33480

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/18/1996

5. FEI Number

65-0821127

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. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	BERNSTEIN, HAROLD P	220 SUNRISE AVENUE STE. 201	PALM BEACH FL 33480
D	BERNSTEIN, HELEN K	220 SUNRISE AVENUE STE. 201	PALM BEACH FL 33480
D	BERNSTEIN, JAY H	220 SUNRISE AVENUE STE. 201	PALM BEACH FL 33480
D	BERNSTEIN, GENE M	220 SUNRISE AVENUE STE. 201	PALM BEACH FL 33480

REINSTATEMENT 99  
TS

8. Name and Address of Current Registered Agent

GORDON, LEE B  
350 ROYAL PALM WAY STE. 403  
PALM BEACH FL 33480

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

600003035616-0

-11/04/99--01095--018

\*\*\*\*758.75 State \*\*\*\*758.75

FL

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

*Lee B Gordon*

REGISTERED AGENT MUST SIGN

Date 10-19-92

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:

*Harold P Bernstein, PRESIDENT*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/99

Daytime Phone #

561 -  
832-2445

FILED

99 OCT 22 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR26040 (8/99)