


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> S06813					
<b>1. Corporation Name</b>  Jerome H. Shevin, P.A.					
<b>2. Principal Office Address</b> 1320 S. Dixie Hwy			<b>3. Mailing Office Address</b> 1320 S. Dixie Hwy		
Suite, Apt. #, etc. Penthouse 1275			Suite, Apt. #, etc. Penthouse 1275		
City & State Coral Gables, Florida			City & State Coral Gables, Florida		
Zip 33146	Country U.S.	Zip 33146	Country U.S.		

FILED

02 MAR 15 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 65-0219227	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Jerome H. Shevin	
Street Address (P.O. Box Number is Not Acceptable) 1320 South Dixie Highway	
Suite, Apt. #, Etc. Penthouse 1275	
City Coral Gables	State FL
Zip Code 33146	

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-04/05/02--01060--002  
\*\*\*\*300.00 \*\*\*\*300.00

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Jerome H. Shevin*  
REGISTERED AGENT MUST SIGN

Date 3/10/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
E D	Jerome H. Shevin	1320 S. Dixie Hwy, PH 1275	Coral Gables, FL 33146

01-02 UBR

**10. 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:

*Jerome H. Shevin, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/02 305-66  
16664

Daytime Phone #