DI FACE DEAD	ALL INICTOLICTIONS	PERODE COM		
APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of	NT OF STATE rtham State	PLETING THIS FORM.	
DOCUMENT # $553$	DIVISION OF CORPO	HATIONS	98 NOV 25 AM 9: 46	
1. Corporation Name NEIL BAYER, P. A			SECRETATY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address			
3197 VIRGINIA STREET MIAMI, FL 33133			INSTATEMENT <u>Mag</u>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable			te Incorporated or Qualified	
Suite, Apt. #, etc. Suite, Apt. #, etc.			Do Business in Florida  Number Applied For	
City & State City & State			Applied For Not Applicable	
Zip Country	Zip Countr	y 6.	RTIFICATE OF STATUS DESIRED   S8.75 Additional Fee required for a Certificate of Status	
Names and Street Addresses of Each Officer and/ Name of Officers		ations must list at least 3 dire	ctors)	
Title(s) and/or Directors Off 1 2 3 (Do NOT Us		ficer and/or Director se Post Office Box Numbers)	City / State / Zip	
PRES. NEIL BAYER 3197 VIR		CGINIA ST	MIAMI, FL 33133	
			7000027011074 -12/03/9801009006 *****900.00 *****900.00	
		·	191-25-01V	
8. Name and Address of Current Registered Agent		9. Name	ne and Address of New Registered Agent	
NEIL BAYER		Street Address (P.O. Box I	Number is Not Acceptable)	
3197 VIRGINIA ST.		Suite, Apt. #, Étc.		
MIAMI, FL 33133 City		City	State Zip Code	
10. I, being appointed the registered agent of the above	a amed corporation, am familiar wit	h and accept the obligations		
Signature of Registered Agent REGISTER AGENT REGIST	SISTERED AGENT MUST SIGN		Date 11/20/48	
11. This corporation owes or ha Intangible Personal Property			(See other side for information on intangible tax.)	
this reinstatement application, the reason for dissol owed by the corporation have been paid and the ni on this application is true and accurate, and my sign	ution has been eliminated, the corpor ames of individuals listed on this forn	ate name satisfies the require to not qualify for an exemp	or in chapter 607 or 617, F.S. I further certify that when filing ements of section 607.0401 or 617.0401, F.S., that all fees tion under section 119.07(3)(i), F.S. The information indicated	
SIGNATURE: SIGNATURE AND TYPED OR PRIN	TED NAME OF SIGNING OFFICER OR D	RECTOR	Date Daytime Phone #	