

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # S62811

1. Corporation Name
THE ESTATE PLANNING TEAM, INC.

FILED
 01 NOV 14 AM 8:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address

2500 N. MILITARY TRAIL 2500 N. MILITARY TRAIL
 SUITE 283 SUITE 283
 BOCA RATON FL 33431 BOCA RATON FL 33431
 US US



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

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **06/27/1991**

5. FEI Number Applied For

65-0273677 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	NEWMAN, BARBARA R.	1915 SW 10TH ST - 2500 N. MILITARY TRAIL # 283	BOCA RATON FL 33431
PDTR	NEWMAN, RICHARD K	1915 SW 10TH ST - 2500 N. MILITARY TRAIL # 283	BOCA RATON FL 33431
			400004719344--2 -12/11/01--01073--018 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

NEWMAN, RICHARD K
 2500 N. MILITARY TRAIL
 SUITE 283
 BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name: *[Signature]*

Street Address (P.O. Box Number is Not Acceptable): *[Signature]*

Suite, Apt. #, Etc.:

City: State: **FL** Zip Code:

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: *[Signature]* Date: **11/12/01**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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: *[Signature]* Date: **11/12/01** Daytime Phone #:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/01)