PLEASE READ	ALL INS	TRUCTIONS	BEFORE C	OMPLET	ING-THIS FORM		
APPLICATION FOR REINSTATEMENT	FLORID	DA DEPARTMEN Sandra B. More Secretary of S DIVISION OF CORPOR	NT OF STATE tham tate		AND FILED 7 OCT 28 PX 12:		(j)
DOCUMENT # S69538 1. Corporation Name AARON MODEL AND TALENT AGENCY, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
SUITE 202 SUITE 202		iress Imercial BLVD Idale Fl 33308					
If above addresses are incorrect in any way, line th 2. New Principal Office Address, if Applicable Suite, Apt. #, etc.	ling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/30/1991				
Sulte, Apt. #, etc. Sulte, Apt. # City & State City & State				5. FEI Number 65-0277716		Applied Not Ap	d For
Žip Country	Žíp	Country	,	6. CERTIFICATE	E OF STATUS DESIRED	8.75 Additional Fee for a Certificate of	required
7. Names and Street Addresses of Each Officer and	/or Director (Fig						
Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box I		Numbers)	City /	State / Zip	
P SCHIOWITZ, JUDY		2803 E, COMME	ACIAL BLVD		FT. LAUDERDALE FL		
VP GTEVEN & PATTERSON		2803 E. GOMME	RCIAL-BLVD		FT.:LAUDERDALE FL		
P STUART R WEIN		2803 E. COMMERCIAL BUD FICAUDERDALE FL					·
UP PAUL HOCHMAN		2803 E COMMERCIAL BLUS FT LAUDERDALE PL					
S/T SIMI WEIN		2803 €. (OMMERC 14	r prod	PT LAUDERDAU	- do	KJ.
			÷			V/200)1
8. Name and Address of Current Registered Agent Name				9. Name and A	Address of New Registere	d Agent	
O'DONNELL, ROBIN I		1		56 B. H.			
708 BREAKERS AVE. STE. #3 FT. LAUDERDALE FL 33304			Street Address (P.O. Box Number Is Not Acceptable) 4000023341940 Suite, Apt. #, Etc10/30/9701089008 ****173.75 ****173.75				
10. I, being appointed the registered agent of the ab	ove named corp	oration, am familiar wi	h and accept the ol	bligations of Secti	on 607.0505, F.S.		
Signature of Registered AgentR	EGISTERED AC	SENT MUST SIGN			Date		

12. 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name setisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have feen 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 procurate, and my signature shall have the same legal effect as if made under eath.

Yes ⊠ No □

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

10-23-97 954 7728940

Daytime Phone

(See other side for Information on Intangible tax.)





October 23, 1997

Sandra B. Mortham Secretary of State Florida Dept. Of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Motham:

Please be advised that to the best of my knowledge this office and this corporation never received a copy of its annual report from your office in Tallahassee.

Please be aware that I have only recently taken over this corporation (August 8, 1997) and was unaware of this obligation.

After speaking to an operator at your 850-487-6059 number I an enclosing a check for \$165.00 in the hopes that the rest of the reinstatement fee will be waved. I was assured that this would be sufficient and not problematic. If a problem however, does arise; please contact me ASAP at 954-772-8944.

Thank you for your time and cooperation.

Sincerely

✓Stuart Wein President

enclosure