


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

02 SEP -9 PM 5:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-09/18/02--01032--024  
\*\*\*\*450.00 \*\*\*\*450.00

<b>CORPORATION REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Jim Smith</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S85304</b> 1. Corporation Name <b>MARTIN KATZ AFFILIATES, INC.</b>			
2. Principal Office Address <b>5705 D Fox Hollow Drive</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>5705 D Fox Hollow Drive</b> Suite, Apt. #, etc.	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33486</b>	Country <b>USA</b>	Zip <b>33486</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>10/7/91</b>	
5. FEI Number <b>65-0299360</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

\$8.75 Additional Fee required for a Certificate of Status

<b>7. Name and Address of Current Registered Agent</b>		
Name <b>MARTIN KATZ</b>		
Street Address (P.O. Box Number is not Acceptable) <b>5705 D Fox Hollow Drive</b>		
Suite, Apt. #, Etc.		
City <b>Boca Raton</b>	State <b>FL</b>	Zip Code <b>33486</b>

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 *Martin Katz* Date 8/28/02

REGISTERED AGENT MUST SIGN

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
P/O	MARTIN KATZ	5705 D Fox Hollow Drive	Boca Raton, FL 33486

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: *Martin Katz* **MARTIN KATZ** Date 8/28/02 Daytime Phone # 561-391-4398

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/01)

Martin Katz Affiliates, Inc.  
5705D Fox Hollow Drive  
Boca Raton, FL 33486

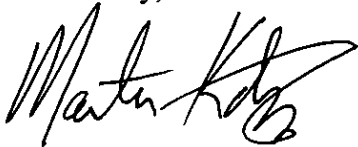
Florida Department of State  
Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314

RE: REINSTATEMENT LETTER OF EXPLANATION

Dear Sir:

Attached is Corporation Reinstatement application for Martin Katz Affiliates, Inc. (FEI# 65-0299360). This reason for the reinstatement was that I never received Y2000 Uniform Business Report by mail for filing annual \$150 application fee in Y2000 and never received a subsequent notice that this corporation was dissolved in Sept. 2000. My accountant stopped filing reports and never informed me that this document was supposed to be filed and I just found out today of this situation. I spoke to the examiner by phone and enclosed is a check in the amount of \$450 with enclosed with the reinstatement application in order to apply for reinstatement. I hope this matter is now resolved and the company is reinstated as a Florida corporation. I never had any intention of having the company dissolved and I am very upset that this has occurred. Please confirm reinstatement and thank you for your consideration in this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "Martin Katz", written in a cursive style.

Martin Katz  
President  
Martin Katz Affiliates, Inc.