

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # V23358

1. Corporation Name

**MICHAEL M. WALLACK, J.D., CHARTERED**

2. Principal Office Address

**27 FLETCHER AVENUE**

Suite, Apt. #, etc.

City & State

**SARASOTA, FL**

Zip

**34237**

Country

**USA**

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**MARCH 24, 1992**

5. FEI Number

**65-0329914**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**MICHAEL M. WALLACK**

Street Address (P.O. Box Number is Not Acceptable)

**27 FLETCHER AVENUE**

Suite, Apt. #, Etc.

City

**SARASOTA**

State

**FL**

Zip Code

**34237**

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

REGISTERED AGENT MUST SIGN

Date

**2/22/02**

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
Pres.	<b>MICHAEL M. WALLACK</b>	<b>27 FLETCHER AVENUE</b>	<b>SARASOTA, FL 34237</b>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/22/02 941-954-1260**

CR2001 (9/01)

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LAW OFFICES  
**MICHAEL M. WALLACK, J.D., CHARTERED**  
A FLORIDA PROFESSIONAL ASSOCIATION

MICHAEL M. WALLACK  
ATTORNEY

27 FLETCHER AVENUE  
SARASOTA, FL 34237  
TELEPHONE (941) 954-1260  
FAX (941) 366-9063  
E-MAIL StarCo99@aol.com

February 22, 2002

Department of State of the State of Florida  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Reinstatement of Michael M. Wallack, J.D., Chartered

Dear Sir or Madam:

Attached please find our check in the amount of \$458.75 for annual reports filing fees for the years 2000, 2001 and 2002 and for a Certificate of Good Standing. I did not receive the previous annual reports because my reports were being handled by my ex-accountant who changed my address as Resident Agent back in 1999, but who did not change the corporation's mailing address. I assumed, erroneously, that the reports were timely filed as usual. I made the necessary changes on the enclosed reinstatement form.

Thank you for your kind assistance in this matter.

Very truly yours,

  
MICHAEL M. WALLACK

MMW/lb

Encls.: As Stated and copy of Corporate Detail Record Screen.