
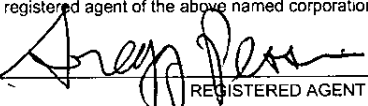



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 02 FEB 25 AM 9:39 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DOCUMENT # V39975							
1. Corporation Name Sostchin & Pessin, P.A.							
2. Principal Office Address 2503 S.W. 27th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 2503 SW.27th Avenue Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 06/01/1992			
City & State Miami, FL		City & State Miami, FL		5. FEI Number 650336956 <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Zip 33133	Country USA	Zip 33133	Country USA	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent							
Name Gregg Pessin 1521 La Costa Drive, Pembroke Pines, FL 33196							
Street Address (P.O. Box Number is Not Acceptable) 1521 La Costa Drive							
Suite, Apt. #, Etc.							
City Pembroke Pines							
State FL Zip Code 33196							
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 2/21/2002							
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				
PD	Guillermo Sostchin	1415- 20 Street	Miami Beach, FL 33140				
VSD	Gregg Pessin	1521 La Costa Drive	Pembroke Pines, FL 33196				
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:  Gregg Pessin Date 2/21/2002 (305) 854-7177 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Daytime Phone #</small>							

CR2E081 (9/01)

Law Offices of
Sostchin & Pessin, P.A.
Attorneys at Law

Guillermo Sostchin
Gregg Pessin

2503 S.W. 27th Avenue
Miami, Florida 33133
Phone: (305) 854-7177
Fax: (305) 854-9668

David E. Stone
of counsel

February 21st, 2002

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

RE: Document Number: V39975

Gentlemen:

Enclosed please find our completed application for reinstatement of our corporation and check No. 1114 in the amount of \$300.00 which represents the Annual Report and Corporate Supplemental fee for the year 2001 and 2002.

We hereby request that you waive the reinstatement fee as the notices were never received.

Very truly yours,


GREGG PESSIN, ESQ.

GP/in
Enc: