

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 22 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V61770

1. Corporation Name

BROKER PORTFOLIO SYSTEMS, INC

REINSTATEMENT 03-04

2. Principal Office Address

23228 FOUNTAIN VIEW DR.

3. Mailing Office Address

PO BOX 811300

Suite, Apt., etc.

# E

Suite, Apt., etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33433

Country

USA

Zip

33481

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/3/1992

5. FEI Number

65-0365294

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

ALAN MAYER

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

23228 FOUNTAIN VIEW DRIVE

Suite, Apt., Etc.

SUITE E

City

BOCA RATON

State

FL

Zip Code

33433

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

*Alan J. Mayer*  
REGISTERED AGENT MUST SIGN

Date

7/19/04

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	MAYER, ALAN	23228 E. FOUNTAIN VIEW DR.	BOCA RATON, FL, 33433

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:

*Alan J. Mayer* ALAN MAYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04

Date

561-395-9052

Daytime Phone #

CR25081 (01/04)

# BPS

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**Broker Portfolio Systems Inc**  
P.O. Box 811300  
Boca Raton, Florida 33481  
(561) 395-9052  
Fax: (561) 395-9187

July 19, 2004

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

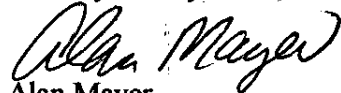
Re: Request for Waiver of Reinstatement Fee  
V61770

Dear Sir;

The purpose of this letter is to request waiver of the reinstatement fee of Broker Portfolio Systems, Inc. which was administratively dissolved by your office for failure to file a uniform business report. We never received any notice of annual report filing nor any notice in the mail of this action and only recently discovered this situation.

We are including a completed reinstatement application and the regular filing fees of \$300 which includes filing fee for 2003 and 2004.

Thank you very much,



Alan Mayer  
President  
Broker Portfolio Systems, Inc.  
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