

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

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DOCUMENT # **M76187**

1. Corporation Name

MICHAEL ARONOW, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

53 BARKERS PT. RD.
 SANDS PT. N.Y. 11050

53 BARKERS PT. RD.
 SANDS PT. N.Y. 11050

Handwritten initials



REINSTATEMENT 2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

04/12/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0042732

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ARONOW, MICHAEL	53 BARKERS PT RD	PORT WASHINGTON NY

000003505820--5
 -12/19/00--01057--012
 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

DIXON, SHARON QUINN
 150 W. FLAGLER ST., SUITE 2200
 MIAMI FL 33130

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Handwritten signature of Sharon Quinn Dixon
 REGISTERED AGENT MUST SIGN

Date 11-20-00

11. 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:

Handwritten signature of Michael Aronow
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL ARONOW

Date

10/31/00

Daytime Phone #

516
 8830167

CR2E040 (8/00)