

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 DEC 19 PM 4:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **N02000009959**

1. Corporation Name
THE NEW BLANK FAMILY FOUNDATION, INC.

Principal Place of Business 701 BRICKELL AVENUE SUITE 1900 MIAMI FL 33131	Mailing Address 701 BRICKELL AVENUE SUITE 1900 MIAMI FL 33131
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REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable 3455 NW 54 St.	3. New Mailing Office Address, If Applicable 3455 NW 54 St.	4. Date Incorporated or Qualified To Do Business in Florida 12/30/2002
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Miami, FL	City & State Miami, FL	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status
Zip 33142 Country	Zip 33142 Country	

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
Pres. Dir.	Andrew S. Blank	3455 NW 54 St. Miami, FL 33142	Miami, FL 33142
Chm. Dir.	Jerome Blank	3455 NW 54 St. Miami, FL 33142	Miami, FL 33142
Dir.	Martin Gallant	3455 NW 54 St. Miami, FL 33142	Miami, FL 33142
Sec. Tres.	Robert Fischer	3455 NW 54 St. Miami, FL 33142	Miami, FL 33142
			700025777277 12/26/03--01075--024 **245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SILBER, NORMAN J 701 BRICKELL AVENUE SUITE 1900 MIAMI FL 33131	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. or 617.0505, F.S.

Signature of Registered Agent: *Norman J. Silber* Date: 12-18-2003
 REGISTERED AGENT MUST SIGN

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: *Robert Fischer* Robert Fischer 12/18/03 305-789-2790
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED-040 (7/03)