

# 2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000005206

FILED  
Jun 21, 2010  
Secretary of State

**Entity Name:** HUEMANISM INSTITUTE INC.

**Current Principal Place of Business:**

2800 WILLIAMS ISLAND BOULEVARD  
SUITE 804  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2800 WILLIAMS ISLAND BOULEVARD  
SUITE 804  
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RIPSTEIN, JACQUELINE  
2800 WILLIAMS ISLAND BOULEVARD  
SUITE 804  
AVENTURA, FL 33180 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACQUELINE RIPSTEIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: GESAMAN, ZACHARY P .  
Address: 19333 COLLINS AVENUE APT. 510  
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: O  
Name: RIPSTEIN, STEPHANIE .  
Address: 4200 NE 192ND ST. PH 4  
City-St-Zip: AVENTURA, FL 33180 US

Title: D  
Name: RIPSTEIN, JACQUELINE  
Address: 2800 WILLIAMS ISLAND BOULEVARD, SUITE 804  
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELINE RIPSTEIN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DIR

06/21/2010

\_\_\_\_\_  
Date