

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

01 NOV 26 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** *PH10000003721*

1. Corporation Name

Benjamin R. Siegal Family Holdings, Inc.

2. Principal Office Address

21307 NE 38th Avenue

Suite, Apt. #, etc.

City & State

Aventura, Florida

Zip  
33180

Country  
USA

3. Mailing Office Address

21307 NE 38th Avenue

Suite, Apt. #, etc.

City & State

Aventura, Florida

Zip  
33180

Country  
USA

**REINSTATEMENT** *2001*

4. Date Incorporated or Qualified To Do Business in Florida

1/14/1997

5. FEI Number

65-0722562

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

Barry A. Nelson

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

Nelson & Levine, P.A., 19495 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 609

City

Aventura, FL

State  
FL

Zip Code  
33180

300004719649-9

12/12/01 01004 030  
\*\*\*\*758.75 \*\*\*\* 58.75

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 *Barry A. Nelson*

Date *11/4/01*

REGISTERED AGENT MUST SIGN

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	Benjamin R. Siegal	5161 Collins Ave., Apt. 1414	Miami Beach, FL 33160
STD	Ted A. Siegal	21307 NE 38th Avenue	Aventura, FL 33180
D	Jean D. Siegal	5161 Collins Ave., Apt. 1414	Miami Beach, FL 33160
D	Marlene R. Kohn	12101 Rock Garden Lane	Miami, FL 33156

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: *Barry A. Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11/13/01* 305-864-1329  
Daytime Phone #

CORP-001 (9/00)