

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 26 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P 97000039303

1. Corporation Name

FINEBERG FAMILY HOLDINGS, INC.

2. Principal Office Address

5500 COLLINS AVE.

3. Mailing Office Address

Suite, Apt. #, etc.
#701

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33140

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/30/1997

5. FEI Number

65-0748655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

GLADYS FINEBERG

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

5500 COLLINS AVENUE

600005492876-1

-05/09/02--01001--018

Suite, Apt. #, Etc.

SUITE 701

***1050.00 ***1050.00

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date

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
P -D-	GLADYS FINEBERG	5500 COLLINS AVENUE	MIAMI BEACH, FL 33140

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: *Gladys Fineberg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/23/00 r
Date Daytime Phone #

CR2E081 (9/01)