

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 MAY 17 AM 10:43

DOCUMENT # 184536

1. Corporation Name

HENRY WOLFF & ASSCIATES, INC.

2. Principal Office Address - No P.O. Box #

5500 Collins Ave

Suite, Apt. #, etc.

Unit 1003

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.

3. Mailing Office Address

5500 Collins Ave

Suite, Apt. #, etc.

Unit 1003

City & State

Miami Beach, Florida

Zip

33140

Country

U.S.

MAY 18 2016

L BERGER

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business In Florida
04/14/1955

5. FEI Number

590746632

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

Henry E. Wolff Jr.

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

5500 Collins Ave

Suite, Apt. #, Etc.

Unit 1003

City

Miami Beach

State

FL

Zip Code

33140

300265915163
05/17/16--01021--023 **1200.00

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

APRIL 25, 2016

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	Henry E. Wolff Jr.	5500 Collins Ave, Unit 1003	Miami Beach, FL 33140
VPD	Carol W. Ellis	5500 Collins Ave, Unit 1003	Miami Beach, FL 33140

10. E-mail Address: henrye2@msn.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that this information, if certified in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 25, 2016

Date

Daytime Phone #