

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 253649		FILED 98 NOV 25 PM 12:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name HOWARD HEIGHTS, INC.			
Principal Place of Business 1121 VIA DEL MAR WINTER PARK FL 32789		Mailing Address 40 John B. Ostrow 1121 VIA DEL MAR WINTER PARK FL 32789	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable 201 S. Biscayne Blvd Suite, Apt. #, etc. 1380 City & State Miami, FL Zip 33131		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. Same City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida 12/02/1961		5. FEI Number 59-1005355	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	OSTROW, ALLEN A	1121 VIA DEL MAR	WINTER PARK FL 32789
PD	OSTROW, JOHN B	3860 BATTERSEA RD.	COCONUT GROVE FL 33133
T	JOAN OSTROW-SCHWEBEL	2335 HURON TRAIL	MAITLAND FL 32751
REINSTATEMENT 98			600002702176--9 -12/03/98--01088--009 ****750.00 ****750.00
8. Name and Address of Current Registered Agent SCHWEBEL, MARTIN D 1516 E. COLONIAL DR. #100E ORLANDO FL 32803		9. Name and Address of New Registered Agent 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. Signature of Registered Agent  REQUIRED Date			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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: 		11/23/98 3053581496 Date Daytime Phone #	