

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 FEB 28 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 473179

1 Corporation Name
Manart-Hirsch of Florida, Inc.

2. Principal Office Address - No P.O. Box #
1435 SW 6 Ct

3. Mailing Office Address
1435 SW 6 Ct

Suite, Apt. #, etc.

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City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip Country
33069 Broward

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33069 Broward

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 4/18/1975

5. FET Number 59-1588835 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
Hirsch, Ronald

Street Address (P.O. Box Number is Not Acceptable)
1435 SW 6 Ct

Suite, Apt. #, Etc

City State Zip Code
Pompano Beach FL 33069

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02/28/14--01042--006 **908.75

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
Ronald L. Hirsch
REGISTERED AGENT MUST SIGN

Date FEB 11, 2014

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
VD	Hirsch, Richard	909 Warner Rd	Valley Stream NY 11580
SD	Hirsch, Ronald	1709 Vestal Drive	Coral Springs FL 33071
PD	Hirsch, Edwin	909 Warner Rd	Valley Stream NY 11580
REINSTATEMENT			FEB 28 2014 R. HUNT

10. E-mail Address: rheagle3@aol.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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: *Ronald L. Hirsch*, RONALD L. HIRSCH Date FEB 11, 2014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #