

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000001151**

1. Corporation Name

HURON MANAGEMENT GROUP, INC.

Principal Place of Business

228 S.W. 21ST TERRACE
FORT LAUDERDALE FL 33312

Mailing Address

228 S.W. 21ST TERRACE
FORT LAUDERDALE FL 33312



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 07

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1076943

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|----------------|--------------------------------------------|--------------------------------------------------------|-------------------------------------|
| CD | LEVINE, ERIC | 228 S.W. 21ST TERRACE | FORT LAUDERDALE FL 33312 |
| PD | LINDEMANN, HAROLD E II | 228 S.W. 21ST TERRACE | FORT LAUDERDALE FL 33312 |
| STD | VON KANLE, PHILIP J DELETE!! | 228 S.W. 21ST TERRACE | FORT LAUDERDALE FL 33312 |
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| | | | |
| | | | |

300024169739
10/27/03--01070--024 **750.00

8. Name and Address of Current Registered Agent

LINDEMANN, HAROLD
228 SW 21ST TERRACE
FORT LAUDERDALE FL 33312

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10-17-03**

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., 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD LINDEMANN

10-17-03 954-587-4541

Date

Daytime Phone #

X 214

CR2E040 (7/03)