

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



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

02 FEB -8 AM 9:24

DOCUMENT # D49722

1. Corporation Name

K49722

E.H.C. ENTERPRISES, INC.

2. Principal Office Address

2790 North West 4th St

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

Country

33125

U.S.A.

3. Mailing Office Address

Post Office Box 352106

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

Country

33135

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/07/1988

5. FEI Number

65-0091119

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

MARK D. FEINSTEIN, ESQUIRE

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

290 North West 165th Street

Suite, Apt. #, Etc.

Penthouse 4 - CitiCentre

City

Miami

State

FL

Zip Code

33169

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

*[Signature]*

Date

2-4-02

REGISTERED AGENT MUST SIGN

**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, S	LUISA O. CUIEL	4130 Aurora Street	Miami, Florida 33146
VP	NORMAN LEVINE	901 NorthEast 125 Street	No. Miami, FL 33161

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:

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

Date

2/5/02

Daytime Phone #

(305) 541-3711

CR2E081(9/01)

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