

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600008817186
11/06/02--01018--008 **245.00

DOCUMENT # **N01000002528**

1. Corporation Name
HALBERSTEIN FAMILY SUPPORTING FOUNDATION, INC.

Principal Place of Business 4200 BISCAYNE BLVD. MIAMI FL 33137	Mailing Address 4200 BISCAYNE BLVD. MIAMI FL 33137
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REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	04/10/2001
5. FEI Number	91-2117364
	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	4 City / State / Zip
D	SELTZER, ROBERT A	4200 BISCAYNE BLVD.	MIAMI FL 33137
D-T	SOLOMON, JACOB	4200 BISCAYNE BLVD.	MIAMI FL 33137
D	BELLOCK, JACK	19707 TURNBERRY WAY APT. 8-J	AVENTURA FL 33180
D	SILVERMAN, BARRY J DR.	2801 N.E. 208TH TERRACE, SUITE 1	AVENTURA FL 33180
D	OLEMBERG, ISAAC	800 N.W. 21ST STREET	MIAMI FL 33137
S	EISENBERG, HERBERT	4200 Biscayne Blvd.	MIAMI FL 33137

8. Name and Address of Current Registered Agent
**SELTZER, ROBERT A
4200 BISCAYNE BLVD.
MIAMI FL 33137**

9. Name and Address of New Registered Agent

Name	STEPHEN M. SCHWARTZ
Street Address (P.O. Box Number is Not Acceptable)	4200 BISCAYNE BOULEVARD
Suite, Apt. #, Etc.	
City	MIAMI
State	FL
Zip Code	33137

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]* **SIGNATURE REQUIRED** REGISTERED AGENT MUST SIGN

Date: **Oct 31, 2002**

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 REQUIRED** SECRETARY

Date: **10/31/02** Phone: **305-576-4000**

CR2E040 (8/02)