

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 DEC 26 AM 8:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N27784**

1. Corporation Name

**PROJECT HERITAGE OF GREATER MIAMI, INC.**

Principal Place of Business

Mailing Address

633 NE 167TH STREET  
 SUITE 1009  
 N. MIAMI BEACH FL 33162  
 US

633 N.E. 167TH STREET  
 SUITE 1009  
 N. MIAMI BEACH FL 33162  
 US

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



REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

08/08/1988

5. FEI Number

65-0080441

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GRUENSTEIN, MOSHE	675 NE 178TH TERR	N MIAMI BCH FL 33162
D	HELLRING, LARRY	10 EDGEWATER DRIVE #7E	CORAL GABLES FL 33133
D	GRUNBLATT, AKIVA	70-74 136TH STREET	FLUSHING NY 11367
D	GALBUT, ABRAHAM A.	4425 N. MICHIGAN AVE	MIAMI BEACH FL

900025778819  
 12725/03-11086-003 \*\*236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALBUT, ABRAHAM A.  
 999 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139

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

REGISTERED AGENT MUST SIGN

Date

12/20/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOSHE GRUENSTEIN

Date

12/9/03

Daytime Phone #

CR2E040 (7/03)