

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000004491**

1. Corporation Name

**HOUSING AND SERVICES OF SOUTH FLORIDA, INC.**

**FILED**

98 NOV 23 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
600 BRICKELL SUITE ~~376~~ 604 MIAMI FL 33139 US  
202 EAST 35TH STREET NEW YORK NY 10167  
If above addresses are incorrect in any way, line through incorrect information and enter correction below.



**REINSTATEMENT 98**

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/13/1994	
City & State		City & State		5. FEI Number	
Zip		Country		65-0540643	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BRITELL, PETER S	1114 AVENUE OF THE AMERICAS	NEW YORK NY 10036
D	HAAGA, CLAIRE	202 EAST 35TH STREET	NEW YORK NY 10167
D	COHEN, MICHAEL	<del>530 FIFTH AVENUE</del> 380 Madison Ave 3rd Floor	NEW YORK NY <del>10036</del> 10017
			200002700032--0 -12/02/99--01036--013 ****236.25 ****236.25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
HAAGA, CLAIRE 1920 MERIDIAN SUITE #705 MIAMI BCH 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.  
Signature of Registered Agent: *Claire Haaga* **SIGNATURE REQUIRED** Date: 11/16/98  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Claire Haaga* **SIGNATURE REQUIRED** Date: 11/16/98 Daytime Phone #: 212-688-1212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/98)