

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 OCT 22 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004491**

1. Corporation Name  
**HOUSING AND SERVICES OF SOUTH FLORIDA, INC.**

Principal Place of Business 600 BRICKELL SUITE #604 MIAMI FL 33131 US	Mailing Address 202 EAST 35TH STREET NEW YORK NY 10016
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**REINSTATEMENT 1999**

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		4. Date Incorporated or Qualified To Do Business in Florida <b>09/13/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0540643</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRITELL, PETER S	1114 AVENUE OF THE AMERICAS- 125 W 55 <sup>th</sup>	NEW YORK NY 10036
D	HAAGA, CLAIRE	202 EAST 35TH STREET	NEW YORK NY 10016
D	COHEN, MICHAEL	380 MADISON AVENUE, THIRD FLOOR	NEW YORK NY 10017

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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 33430 33131		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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: *[Signature]* Date: **10/12/99**

REGISTERED AGENT MUST SIGN

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]* Date: **10/12/99** Daytime Phone #: **680 7212**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2240 (8/99)