2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 28, 2004
Secretary of State

DOCUMENT# N95000000378

Entity Name: HERITAGE FOR THE BLIND, INC.

Current Principal Place of Business:

2882 NOSTRAND AVE
BROOKLYN, NY 11229 US

New Principal Place of Business:

Current Mailing Address:

2882 NOSTRAND AVE
BROOKLYN, NY 11229 US

New Mailing Address:

FEI Number: 58-2164446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZEMEL, MORTON B
4700 B SHERIDAN ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DRESSER, ABRAM
Address: 1675 EAST 21ST #2-A
City-St-Zip: BROOKLYN, NY 11210

Title: D ( ) Delete
Name: FRANKER, BERNARD
Address: 1542 41ST STREET
City-St-Zip: BROOKLYN, NY 11218

Title: D ( ) Delete
Name: MOSES, RIVOLI
Address: 1668 W 6TH STREET
City-St-Zip: BROOKLYN, NY 11223

Title: D ( ) Delete
Name: TOIV, STEVEN
Address: 3422 AVE L
City-St-Zip: BROOKLYN, NY 11223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN TOIV D 10/28/2004
Electronic Signature of Signing Officer or Director — Date