

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

N97000000957

1. Corporation Name

HEAR O ISRAEL, INC.

200003330052--4
-07/20/00--01077--012
****306.25 ****306.25

2. Principal Office Address

19661 S.W. 117 Ct

Suite, Apt. #, etc.

3. Mailing Office Address

19661 S.W. 117 Ct

Suite, Apt. #, etc.

City & State

Miami FL 33177

Zip

33177

Country

DADE

City & State

Miami FL 33177

Zip

33177

Country

DADE

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

2/20/1997

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

IRVIN Mc DONALD

Street Address (P.O. Box Number is Not Acceptable)

19661 SW 117 Ct.

Suite, Apt. #, Etc.

Miami

City

Miami

State
FL

Zip Code

33177

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Irvin McDonald

REGISTERED AGENT MUST SIGN

Date

6/14/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Wesley Sampson	1280 S.W. 177 TERR	Pembroke Pines, FL 33029
D	Herman Chin Loy	9730 S.W. 219 St	Miami FL 33190
D	CHARLES CONOELL	12504 S.W. 114 TERR	Miami FL 33186

10. 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:

Wesley Sampson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 17, 00, 3055461051

Date

Daytime Phone #