

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 NOV -4 PM 4:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **N97000004292** *9999*  
 1. Corporation Name  
**HERITAGE INSTITUTE FOR EDUCATION, INCORPORATED**

Principal Place of Business	Mailing Address
5030 S.W. 149TH PLACE MIAMI FL 33185	5030 S.W. 149TH PLACE MIAMI FL 33185



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/29/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0776623	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Addition of 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
PD	SAMRA, ABDUL H	5030 S.W. 149TH PLACE	MIAMI FL 33185
SD	ABBARA, MUHAMMAD R	10701 S.W. 146TH COURT	MIAMI FL 33186
TD	BENGACEM, FETHI	P.O. BOX 24-8846	CORAL GABLES FL 33124

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PATHMAN, RONALD C ESQ. 8900 S.W. 107TH AVENUE SUITE 208 MIAMI FL 33178		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent: *[Signature]* Date: 10/26/99

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]* M. R. Abbara Date: 10/26/99 Daytime Phone #: 305-226-5895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/20/99 90171 001 6125*

