

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N97000004292

99/11/99

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/29/1997

5. FEI Number

65-0776623

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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

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]*

REGISTERED AGENT MUST SIGN

Date 10/26/99

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. R. Abbara

10/26/99 305-226-5895

Date

Daytime Phone #

04/20/99 90171 001 6128

CR2040 (8/99)

HERITAGE INSTITUTE FOR EDUCATION, INC.

1008

63-60/880

Pay to the  
Order of

Department of State

4/15/

19 99

\$ 61.25

Sixty one and 25/100

Dollars

SUNTRUST

SunTrust Bank, Miami, N.A.  
Miami, FL (305) 591-6000

For Filing Fee DOC # N97000004292

*Abbara*

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NATIONSBANK

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04-23-99  
1581 06 JAX FL

04-23-99  
0640021678

AP 99 26

RSCN  
CESSEI

ENDORSE HERE:

FOR DEPOSIT ONLY - 4/20/99  
ACCT #1000000786



3 Second Stop 1 2

To Whom It May Concern:

The fee for the Incorp. was paid in April '99 before  
to due date. All of the Officers and Directors are  
still the same. There is no change to the Information  
on the form. Please reinstate the Corporation  
A.S.A.P. Thank you

*Robert M. Abbara*