

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 31 PM 3:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **NA9500000485**

1. Corporation Name

**Hollywood Education and Literacy Project
Miami, Inc.**

2. Principal Office Address

5512 S.W. 154th Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33185

Country

DADE, USA

3. Mailing Office Address

5512 S.W. 154th Court

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33185

Country

USA

REINSTATEMENT 99-01
2/11/99 90015023 \$10.25

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 16, 1998

5. FEI Number

65-0876629

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

SAUL B. LIPSON

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

1515 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

Suite 222

City

Coral Springs

State

FL

Zip Code

33071

400003362024

08/18/00 01041 024

*****236.25 ***236.25**

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

Saul B. Lipson

Date **29 Jul 2000**

REGISTERED AGENT MUST SIGN

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
Dr	Saul Lipson	1515 UNIVERSITY DR #220	Coral Springs, Fla 33071
D/Dr	Barbara Rivera	5512 SW 154 CT	MM FLA 33185
D/S	Dottie Tillberg	174 Royal Palm Dr	Ft Laud Fla 33301
D	Dr. Nobbe	8303 Bird Rd	MM FLA 33155
D	Dr. Williams	16800 NW 2AVE S. 107	NMM BCH FLA 33169

KE

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:

Barbara Rivera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-2000 305-559-2535

Date

Daytime Phone #