

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB 18 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001186

**1. Corporation Name**

NATIONAL INSTITUTE FOR CARDIAC EDUCATION, INC.

**2. Principal Office Address**

3700 WASHINGTON ST

Suite, Apt. #, etc.

SUITE 300

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/22/99

**5. FEI Number**

65-0902743

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

ARIEL D. SOFFER

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

3700 WASHINGTON STREET, ~~3700~~

Suite, Apt. #, Etc.

SUITE 300

City

HOLLYWOOD

State

FL

Zip Code

33021

**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

ARIEL SOFFER

Date 2/15/02

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
P/D	ARIEL D. SOFFER	3700 WASHINGTON ST, #300 <del>HOLLYWOOD, FL 33021</del>	HOLLYWOOD, FL 33021
S/D	MINA SOFFER	3700 WASHINGTON ST, #300	HOLLYWOOD, FL 33021
VP/D	GAD SOFFER	20185 East Country Club Drive	Aventura, FL 33180
T/D	RICHARD ARONSKY	18999 Biscayne Blvd, #204	Aventura, FL 33180
			900005064209--0 -03/07/02--01049--021 ****306.25 ****306.25

**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:**

ARIEL SOFFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/02

Daytime Phone #

(954) 967-6500

CR2E081 (9/01)