

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 30 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N99000007569

1. Corporation Name

AVENTURA HEALTH FOUNDATION, INC.

Principal Place of Business

20801 Biscayne Blvd  
20801 BISCAYNE BLVD., Suite 501  
AVENTURA FL 33180

Mailing Address

20801 Biscayne Blvd.  
20801 BISCAYNE BLVD. Suite 501  
AVENTURA FL 33180



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-12/04/00--01001--009

\*\*\*\*\*61.25 \*\*\*\*\*61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

20801 Biscayne Blvd  
Suite, Apt. #, etc. 501

3. New Mailing Office Address, If Applicable

20801 Biscayne Blvd  
Suite, Apt. #, etc. 501

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1999

5. FEI Number

65-0981183

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	ADLER, ELAINE	3575 NE 207TH STREET, SUITE 816 B-16	AVENTURA FL 33180
<del>D</del>	<del>LEBOW, ELLEN DO</del>	<del>3427 JOHNSON STREET</del>	<del>HOLLYWOOD FL 33021</del>
DS	LINDERMAN, GEORGIA	3390 NE 190TH STREET	AVENTURA FL 33180
DT	LEOPOLD, NORMAN	20801 BISCAYNE BLVD., SUITE 501	AVENTURA FL 33180
D	SILVERMAN, STAN	4020 NORTH HILLS DRIVE #2	HOLLYWOOD FL 33021
D	LEVI, KATHI	21401 HIGHLAND LAKES BLVD.	NO. MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

LEOPOLD, NORMAN ESO  
20801 BISCAYNE BLVD., SUITE 501  
AVENTURA FL 33180

9. Name and Address of New Registered Agent

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

10-25-00

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, 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]* ELAINE ADLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-26-00 305-932-5334

Daytime Phone #

CR20040 (8/00)