

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT'S
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 JUN 17 AM 9:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000084614**

1. Corporation Name
THE ENGEL GROUP OF FLA., INC.

Principal Place of Business Mailing Address
2500 E. HALLANDALE BLVD. SUITE 604 HALLANDALE FL 33009 US
P.O. BOX 1629 HOMESTEAD FL 33090

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
12/10/1993

5. FEI Number
65-0452688

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ENGEL, SYDNEY	206 ALBON ROAD	HEWLETT NY 11557
S	HENKIND, LEWIS	65 GARDEN ROAD	SCARSDALE NY 10583
V	WEISS, MICHAEL S.	225 EVERIT AVENUE	HEWLETT N.Y 11557
V	GORI, MENDEL	5151 COLINS AVENUE, SUITE 212	MIAMI FL
			000002915090--1 06/25/99--01003--022 ****300.00 ****300.00

8. Name and Address of Current Registered Agent
**LYNN, SANDRA T ESQ.
 830 NO. KROME AVENUE
 HOMESTEAD FL 33090**

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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]* Date **5/14/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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]* **5/11/99** **516-887-9600**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EDM0 (9/98)