	DI EACE DEAD	ALI INICT	DI ICTIONS	BEEODE O	OMPLET	ING THIS FOR	
FC	CATION OR ATEMENT	ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORA FIONS			T		
DOCUMENT # ` 333742					98 MAY - 1 PM 1: 09		
1. Corporation Name							
BIRER INVESTMENTS CORP.  W98-8997					SECRETARY OF STATE TALLAHASSEE. FLORIDA		
Principal Place of 1489 W Boca R	. Palmetto Park aton, FL 33486	Mailing Road,		5			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REINSTATEMENT GO-48"		
	Office Address, If Applicable	3. New Mailing Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 8/13/68		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. FEI Number		Applied For
City & State		City & State			59 <b>-</b>	1273044	Not Applicable
Zip Country		Zip Count		у	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of Status		
7. Names and Str	eet Addresses of Each Officer and/o	or Director (Flor		ations must list at lea	<del>_</del> _	1	
Title(s) 1 2	e(s) and/or Directors		Officer 3 (Do NOT Use P		r City / State / Zip		/ State / Zip
P/D Herman Bistricer		4875 Du:		fferin Road		Montreal, Canada H3	
-						45	1, 198
					2	0000251 05706798 ***1050.	38221 01036-005 00 ***1050.00
						,	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent		
Samuel J. Cantor							
Samuel J. Cantor, P.A. Street Address (P.					O. Box Number is Not Acceptable)		
1489 W. Palmetto Park Road, #485 Boca Raton, FL 33486  Sulte, Apt. #, Etc.							
City					State Zip Code		
10. I, being appoint Signature of Registered Agent	and the registered agent of the about		ation, am temiliar w	ith and accept the ob	oligations of Secti		1/98
11. Does to	his corporation pay a of Revenue under S.	ny intang	ible tax to th	ne utes. Yes [	☐ No [3		r side for information ntangible tax.)
lease the Divis certify that I are this reinstatem	ritify that the information supplied with of Corporations from any liability in an officer or director or the receivent application the reason for dissetthe corporation have been paid. The	of non-complia er or trustee en dution has been	ince with Section 11 apowered to execute eliminated, the cor	9.07(3)(k) in the ever this application as a porate name satisfie	nt that the inform provided for in ch is the requiremer	ation supplied is deemed napter 607 or 617, F.S. I f nts of section 607.0401 or	exempt from public access. For urther certify that when filing 617.0401, F.S., and that all

The state of the s

Charles a special and a second special second secon

.

1. į.

> ď 1 ...

SIGNATURE:

561-361-9839 Herman Bistricer, Pres. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #