

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN 11 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 413558

1. Corporation Name

JEAN REALTY CORP.

500181570605
06/01/10--01063--015 **2400.00

REINSTATEMENT 95-10
CR2E081 (1-1-09)

2. Principal Office Address - No P.O. Box #

429 EAST 52ND STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc. SAME

City & State

NEW YORK, NY

City & State

Zip

10022

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-73

5. FEI Number

13-2736364

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

BARTON MARK PERLBINDER

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

5300 WHITE OAK LANE

Suite, Apt. #, Etc.

City

TAMARAC

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 6-8-10

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
MR	STEPHEN PERLBINDER	400 EAST 54 TH STREET	NEW YORK, NY 10011
MR	BARTON MARK PERLBINDER	429 EAST 52 ND STREET	NEW YORK, NY 10011

10. E-mail Address: DAVIDMKG@OPTONLINE.NET

(To be used for future annual report notification)

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 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-10-10 714-688-0700