

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

96 DEC 31 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **P94000084534**

1. Corporation Name

**GERSHBEIN REALTY, INC.**

Principal Place of Business

Mailing Address

871 N.E. 195TH STREET  
APT. 203  
N MIAMI BEACH FL 33179

871 N.E. 195TH STREET  
APT. 203  
N MIAMI BEACH FL 33179

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT** *9600*

4. Date Incorporated or Qualified To Do Business in Florida

11/18/1994

5. FEI Number

*65038071* APPLIED FOR

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)

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
D	GERSHBEIN, DARYL	871 N.E. 195TH ST. #203	N MIAMI BEACH FL 33179

200002046222--0  
-01/06/97--01004--006  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent

GALBUT, HOWARD N  
999 WASHINGTON AVENUE  
MIAMI BEACH FL 33139

9. Name and Address of Now Registered Agent

Name **DARYL GERSHBEIN**  
Street Address (P.O. Box Number is Not Acceptable)  
**871 NE 195 ST #203**  
Suite, Apt. #, Etc.  
**N MIAMI BEACH FL 33179**  
City **N. MIAMI BEACH** State **FL** Zip Code **33179**

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

*Daryl Gershbein* REGISTERED AGENT MUST SIGN

Date

*12-20-96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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:

*Daryl Gershbein* REGISTERED AGENT MUST SIGN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12-20-96*  
Date

*3059339067*  
Daytime Phone #