

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
02 APR -9 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V66254

**1. Corporation Name**

GERAM REALTY, INC.

**2. Principal Office Address**

4423 W. Tradewinds Avenue

Suite, Apt. #, etc.

**City & State**

Lauderdale-by-the-Sea, FL

**Zip**

33308-4464

**Country**

U.S.A.

**3. Mailing Office Address**

4423 W. Tradewinds Avenue

Suite, Apt. #, etc.

**City & State**

Lauderdale-by-the-Sea, FL

**Zip**

33308-4464

**Country**

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

September 24, 1992

**5. FEI Number**

65-0363441

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

*01-02 [Signature]*

**7. Name and Address of Current Registered Agent**

**Name**

Jack A. Baxter, Jr., Esq.

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

4530 North Federal Highway

**Suite, Apt. #, Etc.**

**City**

Fort Lauderdale

**State**

FL

**Zip Code**

33308

500005418805 -- 2  
-05/01/02 - 01085 27  
\*\*\*\*900.00 \*\*\*\*910.00

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date April 8, 2002

**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
P/S/D	Konstantin Pointek	4423 W. Tradewinds Avenue	Lauderdale-by-the-Sea, FL 33308-4464
AS	Jack A. Baxter, Jr., Esq.	4530 North Federal Highway	Ft. Lauderdale, FL 33308

**10. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2002 (954) 772-4460

Date

Daytime Phone #