

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY 10 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000003804

1. Corporation Name

Atlantic Zedek, Inc.

2. Principal Office Address

18305 Biscayne Blvd.

Suite, Apt. #, etc.

402

City & State

Aventura FL

Zip

Country

33160

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/13/98

5. FEI Number

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

Registered Agents of Florida, LLC

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

100 SE 2nd Street

Suite, Apt. #, Etc.

3500

City

Miami,

State

FL

Zip Code

33131

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

Charles J. Rennett

Date

5-10-02

REGISTERED AGENT MUST SIGN

Charles J. Rennett, VP

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/D	Gabor Rado	18305 Biscayne Blvd.	Aventura, FL 33160
VP	Gabriella Hale	18305 Biscayne Blvd.	Aventura, FL 33160

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:

Gabriella Hale GABRIELLA HALE

Date

5-10-02 305931499

Daytime Phone #

CR2E001 (8/01)



BERMAN RENNERT
VOGEL & MANDLER, P.A.
ATTORNEYS AT LAW

zalz

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E-mail crennert@brvmlaw.com

May 8, 2002

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399
ATTN: Michelle Milligan

Re: *Atlantic Zedek, Inc.*

Dear Ms. Milligan:

In accordance with our telephone conversation of yesterday, enclosed are the following:

1. Corporation Reinstatement Form; and
2. Our law firm's check in the amount of \$608.75 to cover the filing fee and a Certificate of Status.

We are aware that there currently exists an active Florida limited liability company named Altantic Zedek, L.C. We have been informed and hereby represent to you that the beneficial owners of Atlantic Zedek, L.C. are identical to the beneficial owners of Atlantic Zedek, Inc. and that these persons have consented to this reinstatement of Atlantic Zedek, Inc. Kindly fax to us at (305) 347-6463 a copy of the Certificate of Status after the reinstatement has become effective.

Thank you in advance for your expeditious handling of this matter.

Very truly yours,

BERMAN RENNERT VOGEL & MANDLER, P.A.

Charles J. Rennert

CJR:las
Enclosures/ck.