

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 16 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **586472**

**1. Corporation Name**

KORNBLUH REALTY, INC.

**2. Principal Office Address**

12000 Biscayne Blvd.

Suite, Apt. #, etc.  
#218

City & State

Miami, Fl. 33181

Zip

Country

**3. Mailing Office Address**

12000 Biscayne Blvd.

Suite, Apt. #, etc.  
218

City & State

Miami, Fl. 33181

Zip

Country

**REINSTATEMENT**

98-04

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

9-14-78

**5. FEI Number**

59-1855397

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$875 Additional Fee required  
for a Certificate of Status**

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

Name

ALAN KORNBLUH

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

12000 Biscayne Blvd.

Suite, Apt. #, Etc.

#218

City

Miami, Fl. 33181

State

FL

Zip Code

33181

**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

*Alan Kornbluh*

REGISTERED AGENT MUST SIGN

Date **4-12-04**

**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
President	ALAN KORNBLUH	12000 Biscayne Blvd. #218	Miami, Fl. 33181

700032894547  
04/16/04--01004--019 \*\*1058.75

**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:**

*Alan Kornbluh*

ALAN KORNBLUH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

305 893-8272

Daytime Phone #

CP2E081 (10/02)