

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 589083

1. Corporation Name
MEIR JUNGREIS ENTERPRISES, INC.

2. Principal Office Address
4141 PINE TREE DR
Suite, Apt. #, etc.

3. Mailing Office Address
178 GRANDVIEW AVE
Suite, Apt. #, etc.

City & State
MIAMI BEACH FL
Zip Country
33140 USA

City & State
MONSEY NY
Zip Country
10952 USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/1/78

5. FEI Number 59-1855392
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
MEIR JUNGREIS
Street Address (P.O. Box Number is Not Acceptable)
4141 PINE TREE DR
Suite, Apt. #, Etc.
City
MIAMI BEACH FL

900020682048
06/09/03--01059--003 ***00.00

State Zip Code
FL 33140

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 X
REGISTERED AGENT MUST SIGN

Date 6/2/03

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	MEIR JUNGREIS	4141 PINE TREE DR	MIAMI BEACH FL 33140
S	NILI JUNGREIS	178 GRANDVIEW AVE	MONSEY NY 10952

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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MEIR JUNGREIS

Date 6/2/03 845-661-3635
Daytime Phone #

CR2E081 (10/02)

7/6/10