


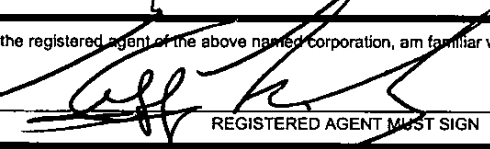
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03000002599			
1. Corporation Name MARY POP REALTY CO., INC., a New York corporation			
2. Principal Office Address 652 Grandview Avenue Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.	
City & State Ridgewood, NY		City & State	
Zip 11385	Country USA	Zip	Country
4. Data Incorporated or Qualified To Do Business in Florida 5/21/03		5. FEI Number	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

FILED
05 JUN 22 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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7. Name and Address of Current Registered Agent	
Name Jeffrey Feinberg	
Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd.	
Suite, Apt. #, Etc. Suite 350-N	
City Hollywood	State FL
	Zip Code 33021

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 	Date 6/9/05
REGISTERED AGENT MUST SIGN	

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
PD	MARIOARA POPESKU	652 Grandview Avenue	Ridgewood, NY 11335
TSD	JON POPESKU	652 Grandview Avenue	Ridgewood, NY 11385

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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: 	Date 6-13-05 Daytime Phone # 954-920-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (01/05)