## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI				A DEPART Secretary VISION OF C	y of St		ΤE		7 OCT 23	ED		
DOCUMENT # F03935  1. Corporation Name									LLOMETÁRGI OF STATE FALLAHASSEE, FLORIDA				
JALMARK-EAST REALTY, INC.									10 <i>,</i>	3001 /23/07(	11195 0102101	5938 4 **308.75	
2. Principal 1201 S		O. Box # AN DRIVE	3. Mailing Office Address 1201 SOUTH OCEAN DRIVE				REI	NSTAT	EMENT	06-07			
Suite, Apt. #, etc. 3RD FLOOR				Suite, Apt. #, etc. 3RD FLOOR				4. Date Incorporated or Qualified To Do Business in Florida 10-31-1980					
City & State HOLLYWOOD, FLORIDA				City & State HOLLYWOOD, FLORIDA				<b>F</b> 03935			Applied For		
<sup>Zip</sup> 33019	Ountry USA		<sup>Zip</sup> 33019		Count	Ã					Additional Fee required Certificate of Status		
7. Name and Address of Current Registered Agent  RICHARD A. ARONSKY, P.A.  16850 COLLINS AVENUE  SUITE 105  SUNNY ISLES BEACH  STATE 337660								3	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Registered Agent  REGISTERED AGENT MUST SIGN										ns of section 607.0505 or 617.0503, F.S.  Date 10-18-2007			
9. Names a	and Street Ad	Idresses	of Each Officer an	d/or Director (F	Florida nonpro	ofit corpo	rations must lis	st at lea	ast 3 directors)	г	<b></b> :		
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip			Zip			
PSD	THEODORE S. ARONSKY				1201 SC	1201 SOUTH OCEAN DRIVE,			BRD FLOOR HOLLYWOOD, FL 33019				
SEC	RICHARD A. ARONSKY				16850	16850 COLLINS AVENUE,			SUITE 105 SUNNY ISLES BEACH, FL 33160			CH, FL 33160	
		<b>A</b>	M10/2	4			·						
10. Logitify	that I am an	officer or	director or the mo-	Piver or trustee	ampowered to	n evecut	e this anniverse		provided for in cha	oter 607 or 617	ES Muther con	tify that when filling	
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 filling this reinstatement application, the reapon 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 dail and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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  Description of treator or threetory of the receiver of trustee empowered to execute this application as provided for in chapter 507 or 617, F.S. I further certify that when filling this reinstance of the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been dail and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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:  Description of trustee empowers to trustee empowers to the state of the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation for the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation for the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation for the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation for the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation for the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation for the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation for the requirements of													
JOHAI		GNATURE	E AND TYPED OR PE	RINTED NAME C	OF SIGNING OF	FICER O	R DIRECTOR	<del></del>	71	Date		e Phone #	