PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # 98 NOV 19 PM 2: 47 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA ASTRA PROPERTIES, INC. Principal Place of Business Mailing Address 1666-79th Street Causeway Suite 608 Miami Beach, Florida 33141 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 08/25/82 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2217115 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Country Zio Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip Title(s) 1666-79th St.Cswy., Ste.608 VASD SAMUEL WEINTRAUB Miami Beach, Florida 33141 Miami Beach, Fl. 33141 1666-79th St.Cswy., Ste.608 DPT Miami Beach, Florida 33141 MURRAY B. WEIL, JR. Miami Beach, Fl. 33141 #DDDD2696114-- -11/25/98--01006--008 ***1058.75 ****908.7 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MURRAY B. WEIL, JR. Street Address (P.O. Box Number is Not Acceptable)
1666-79th Street Causeway Suite, Apt. #, Etc. Suite 608 Zip Code 33141 ^{my} Miami Beach 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent JRREGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes L No L Intangible Personal Property tax due June 30. 12. 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 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 MURRAY B. WEIL, JR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR