PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR 95-96 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 DEC -6 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G04665

1 Corporation Name

PRADEN REALTY, INC.

Principal Place of Business	Mailing Address
C/O MARK I. BLUMSTEIN NORTHMARK BLDG., SUITE 101 33 N.E. 2ND STREET FT. LAUDERDALE, FL 33301	C/O MARK I. BLUMSTEIN NORTHMARK BLDG., SUITE 101 33 N.E. 2ND STREET FT. LAUDERDALE, FL 33301

200002025202--7
-12/10/96--01151--011
****375.00 ****375.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable	3 New Mailing Address, If Applicable
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

4 Date Incorporated or Qualified To Do Business in Florida: 10/12/1982

5 FEI Number: 65-0345971 ☐ Applied For ☐ Not Applicable

6 CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
SD	LUISA CHAPIRO	2401 S. Ocean DRIVE	HOLLYWOOD, FL
PD	RAFAEL CHAPIRO	2401 S. OCEAN DRIVE	HOLLYWOOD, FL

REINSTATEMENT 95-96 10K Chapter

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MARK I. BLUMSTEIN, ESQ. NORTHMARK BLDG., SUITE 101 33 N.E. 2ND STREET FT. LAUDERDALE, FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt # Etc City / State: FL / Zip Code

CR2E040 (12/95)

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: Mark Blumstein — REGISTERED AGENT MUST SIGN — Date: 11/6/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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 R. Chapiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/96 (954)527-9080
Date Daytime Phone #

12/09/96 DEPOSITS/PAYMENTS DETAIL SCREEN 1:07 PM

DEPOSIT NUMBER :	04/05/96 93154 038	DEPOSIT TYPE :	COR
ACCOUNT NUMBER :		DEPOSIT AMOUNT :	200.00
USER ID :	ARBANKTAPE	DEPOSIT BALANCE:	0.00
DEBIT MEMO DATE:		VOID DATE :	
TRACKING NUMBER:	S96099902506	DOCUMENT NUMBER:	G04665
REQUESTOR :		LEDGER DATE :	
SUB ACCT NUMBER:			

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	51.25
ARARTS	ANNUAL REPORTS - ARTS	10.00
ARSUPP	ANNUAL REPORT - SUPPLEMENTAL	138.75

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: