

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV -5 PM 12:16

DOCUMENT # **K65802**

1. Corporation Name

CHAI PUBLICATIONS, INC.

Principal Place of Business

2627 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

2627 BISCAYNE BLVD.
MIAMI FL 33137
US

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



REINSTATEMENT

01

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/09/1989

5. FEI Number

65-0104391

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 3	City / State / Zip 4
D	LOZENIK, MICHAEL	340 W 46 ST	MIAMI BEACH FL
D	LOZENIK, FRAYDEE	340 W 46 ST	MIAMI BEACH FL

700004698147--1
-11/29/01--01044--009
****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~KOPET, BERNARD P.D.~~
~~4310 SHERIDAN ST~~
~~SUITE 233~~
~~HOLLYWOOD FL 33021~~

9. Name and Address of New Registered Agent

Name

HOWARD ROMER

Street Address (P.O. Box Number is Not Acceptable)

3850 HOLLYWOOD BLVD

Suite, Apt. #, Etc.

402

City

HOLLYWOOD

State

FL

Zip Code

33021

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

Howard Romer
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/31/01

11. 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:

Howard Romer
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/31/01 (305) 576-1137

Daytime Phone #

CR2040 (8/01)