

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JAN 25 PM 12:54

DOCUMENT # K65802

1. Corporation Name

Chai Publications, Inc.

300115096699
01/15/08--01008--012 **1350.00

2. Principal Office Address - No P.O. Box #

13680 NW 19th Ave

Principal Office Address

13680 NW 19th Ave

Suite, Apt. #, etc.

Bay 15

Suite, Apt. #, etc.

Bay 15

City & State

Opa Locka, FL

City & State

Opa Locka, FL

Zip

33054

Country

USA

Zip

33054

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/1989

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. Name and Address of Current Registered Agent

Name

Michael Lozenik

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

340 W. 46th St.

Suite, Apt. #, Etc.

City

Miami Beach, FL

State

FL

Zip Code

33140

☐ 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 section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michael Lozenik

Date 1-10-08

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
Pres.	<u>Michael Lozenik</u>	<u>340 W. 46th St</u>	<u>Miami / FL / 33140</u>
Vice	<u>Fraydee Lozenik</u>	<u>340 W. 46th St</u>	<u>Miami / FL / 33140</u>
President	<u>Vice</u>		<u>B1/28/08</u>

REINSTATEMENT 04-08

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 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:

Michael Lozenik

Michael Lozenik

1-10-08

305-576-1437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #