

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2008 NOV 26 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100138139191
11/20/08--01045--004 **300.00

CR2E081 (10/08)

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05000043791

1. Corporation Name

ISRA DEVELOPMENT, LLC

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

3773 Central Avenue

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713

Country

US

3. Mailing Office Address

P.O. BOX 67261

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33736

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

May 4, 2005

5. FEI Number

51-0439017

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

ISRA HOMES, INC.

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

3773 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33713

☒ 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

REGISTERED AGENT MUST SIGN

Date

11/19/08

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
MGR	Isra Homes, Inc.	3773 Central Avenue	St. Petersburg, FL 33713

REINSTATEMENT

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ariel Bergerman

Date

11/19/08 727-742-1818

Daytime Phone #