

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 SEP 13 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 90861

1. Corporation Name

Mitrani - Feldman Inc.

300239574493

09/13/12--01018--010 **3000.00

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

1842 NW 20th Street

3. Mailing Office Address

1850 NW 20th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL 33142

City & State

Miami Florida

Zip

33142

Country

USA

Zip

33142

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7-30-1990

5. FEI Number

59-2091091

☐ 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 SALOMON MITRANI

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

3777 Collins Ave

Suite, Apt. #, Etc.

APT 809

City SURFSIDE

State

FL

Zip Code

33154

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

SALOMON MITRANI

Date 9-10-12

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
P Pres	<u>SALOMON MITRANI</u>	<u>3777 COLLINS AVE # 809 SURFSIDE FL 33154</u>	<u>SURFSIDE FL 33154</u>
V VP	<u>DIANA M FELDMAN</u>	<u>21300 SAN SIMON WAY APT 24</u>	<u>MIAMI FL 33179</u>

10. E-mail Address: DIANAM1227@AOL.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE

DIANA M FELDMAN

Date

9-10-12

Daytime Phone #

786 2802535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR