

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**-CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N42077*

1. Corporation Name

*ANTRA, INCORPORATED*

2. Principal Office Address

*564 NW 24<sup>th</sup> St.*

Suite, Apt. #, etc.

City & State

*Miami, FL*

Zip  
*33127*

Country  
*U.S.*

3. Mailing Office Address

*564 NW 24<sup>th</sup> St.*

Suite, Apt. #, etc.

City & State

*Miami, FL*

Zip  
*33127*

Country  
*U.S.*

4. Date Incorporated or Qualified  
To Do Business in Florida

*02/07/1991*

5. FEI Number

*65-0256748*

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

*Sara Seidler*

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

*564 NW 24<sup>th</sup> St.*

Suite, Apt. #, Etc.

City

*Miami*

State

*FL*

Zip Code

*33127*

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

*Sara Seidler*

Date *11/7/05*

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip        |
|--------|--------------------------------------|---|---------------------------|
| CD     | <i>Sara Seidler</i>                  | <i>564 NW 24<sup>th</sup> St.</i>                 | <i>Miami, FL 33127</i>    |
| D      | <i>Gloria Muroff</i>                 | <i>2000 Island Blvd., #1709</i>                   | <i>Aventura, FL 33160</i> |
| D      | <i>Jan Milestone</i>                 | <i>2999 NE 191<sup>st</sup> St., #400</i>         | <i>Aventura, FL 33180</i> |
|        |                                      |   | <i>000061303550</i>       |
|        |                                      |   |                           |
|        |                                      |   |                           |

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 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: *Jan Milestone* - *Jan Milestone*

*11/7/05 (305)682-2324*