PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 APR 23 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055797

1. Corporation Name

ALPER REAL ESTATE SERVICES, INC.

500125304035
04/23/08--01033--003 **1200.00

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
2450 NE MIAMI GARDENS DRIVE		3600 YACHT CLUB DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SECOND FLOOR		SUITE 1903	
City & State		City & State	
NORTH MIAMI BEACH, FLORIDA		AVENTURA, FLORIDA	
Zip	Country	Zip	Country
33180	USA	33180	USA

4. Date Incorporated or Qualified To Do Business in Florida: JUNE 9, 2000

5. FEI Number: 65-10153 ☐ 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: SUE M. ALPER

Street Address (P.O. Box Number is Not Acceptable): 3600 YACHT CLUB DRIVE

Suite, Apt. #, Etc.: SUITE 1903

City	State	Zip Code
AVENTURA, FLORIDA	FL	33180

☑ 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: Sue M. Alper — Date: 4/22/08

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
DPS	SUE M. ALPER	3600 YACHT CLUB DRIVE, #1903	AVENTURA, FLORIDA 33180

REINSTATEMENT 01-08

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: Sue M. Alper — 4/22/08 — 3058123444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #