


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 25 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000076827

1. Corporation Name
Park View Motel Inc.

2. Principal Office Address 19707 NE 36 th Crt Suite, Apt. #, etc. # 7H No. Tower		3. Mailing Office Address SAME Suite, Apt. #, etc. SAME	
City & State Aventura Fl.		City & State SAME	
Zip 33000	Country USA	Zip 33180	Country USA

000023337480
09/25/03--01039--006 **750.00

4. Date Incorporated or Qualified To Do Business in Florida 8/4/2000

5. FEI Number 651029985
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Michael Weinreb

Street Address (P.O. Box Number is Not Acceptable) 19707 NE 36th Court (No. Tower)

Suite, Apt. #, Etc. 7H

City Aventura Fl. **33180**

State FL **Zip Code** 33180

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 Weinreb **Date** 9/22/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Michael Weinreb	19707 NE 36 th Crt Apt 7H Aventura Fl	33008
VP	Eli Goldstein	19707 NE 36 th Crt	Aventura Fl. 33008

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)(f), 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 Weinreb **Date** 9/22/03 **Daytime Phone #** 305-710-3801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR25001 (9/02)