

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 AUG 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000107985

1. Corporation Name

LTMD REAL ESTATE CORP.

500022531805
08/25/03--01027--003 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

8250 NW 27TH STREET

Suite, Apt. #, etc.

306

City & State

MIAMI, FL

Zip

33122

Country

3. Mailing Office Address

525 NORTHERN BLVD

Suite, Apt. #, etc.

City & State

GREAT NECK, NY

Zip

11021

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/00

5. FEI Number

65-1055684

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
EYAL SHACHI

Street Address (P.O. Box Number is Not Acceptable)
8250 NW 27TH STREET

Suite, Apt. #, Etc.
306

City
MIAMI

State
FL

Zip Code
33122

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

Date
8/14/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EYAL SHACHI	525 NORTHERN BLVD	GREAT NECK, NY 11021

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/03

Date

Daytime Phone #

CR2E081 (10/02)

7/ 8/26