PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		DEPARTMENT OF STAT Secretary of State ISION OF CORPORATIONS	E	09 OCT -2 PM 3: 25	
DOCUMENT # P01000003547 1. Corporation Name				ALETAKYAN POPUNG	
Jupiter Bay Realty, Inc.				00161279102 /0901038011 **1650.00	
2. Principal Office Address - No P.O. Box # 3. Mailing 0		Office Address		ASSERBERIES ~ 2-09	
251 S. US Highway 1 251 S. I		S Highway 1		STATEMENT 02-07	
Suite, Apt. #, etc. Suite, Apt. #,		, etc.	4.5		
4 4		To Do 8		porated or Qualified siness in Florida 01/10/2001	
City & State Jupiter, FL Jupiter, FL Jupiter, F		5. FEI Nur		er Applied For	
Zip Country	Zip	Country		Not Applicable	
33477 USA	33477	USA	G. CERTIFICAT	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name David C. Tassell Esq.	☐ The		einstatement fee is imposed, except in		
Street Address (P.O. Box Number is Not Acceptable)				circumstances which the entity did not receive	
941 North Highway A1A			ior notices. By checking this box, you ertifying the prior notices were not		
Suite, Apt. #, Etc.			receiv	received and requesting the reinstatement	
City Jupiter		State 33477 fee be		waived.	
8. I, being appointed the registered agent of the above named or poration, am familiar with and accept the oblication of Registered Agen REGISTERED AGENT MUST SIGN				on 607.0505 or 617.0503, F.S. Date September ((, 2009	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles Name of	lles Name of Officers and/or Directors		Each ector	City / State / Zip	
P Shirley Marrano		251 S. US Highway 1 #4		Jupiter, FL 33477	
VP Philip Mundell		251 S. US Highway 1 #4		Jupiter, FL 33477	
S Peter Marrano		251 S. US Highway 1 #4		Jupiter, FL 33477	
D Shirley Marrano		251 S. US Highway 1 #4		Jupiter, FL 33477	
Peter Marrano		251 S. US Highway 1 #4		Jupiter, FL 33477	
D Philip Mundell	Philip Mundell			Jupiter, FL 33477	
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: SIGNATURE: Date Dat					

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