

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -9 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P01000020639

1. Corporation Name

Einstein Property & Management, Inc.

2. Principal Office Address

1255 Faulkingham Road

Suite, Apt. #, etc.

City & State

Merritt Island, FL 32952

Zip

32952

Country

US

3. Mailing Office Address

1255 Faulkingham Road

Suite, Apt. #, etc.

City & State

Merritt Island, FL 32952

Zip

32952

Country

US

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/26/01

5. FEI Number

593704950

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

Carl L. Johnson

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

4421 NW39th Ave, Building 1

Suite, Apt. #, Etc.

Suite 2

City

Gainesville, FL 32606

State

FL

Zip Code

32606

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

[Signature]

Date 3/7/05

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Allen Z. Osbrach	1255 Faulkingham Road	Merritt Island, FL 32952
VPT	John Marchlenski	1107 SW 79th Terrace	Gainesville, FL 32607

100048498151
03/16/05--01006--001 **\$00.00

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: John Marchlenski, VPT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

3/7/05

Daytime Phone #

352-
514-
4566

CR2E081 (01/05)