

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 10 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000029078

1. Corporation Name

Wollitz Garden Apartments Management Corp.

2. Principal Office Address

2830 W. 1st Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32254

Country

USA

3. Mailing Office Address

2830 W. 1st Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32254

Country

USA

100023867781  
10/17/03--01005--015 \*\*758.75

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

3/18/2002

5. FEI Number

02-0562965

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

Seyed M. Moghani

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

2830 W. 1st Street

Suite, Apt. #, Etc.

City

Jacksonville,

State

FL

Zip Code

32254

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

X

Date

10/8/03

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
PTD	Rose Farkas	2830 W. 1st Street	Jacksonville, FL 32254
SVD	Morris E. Barenbaum	2830 W. 1st Street	Jacksonville, FL 32254

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

10/8/03

Date

718 851-8291

Daytime Phone #

2/10/13

CR2E081 (10/02)