

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000115711

1. Corporation Name

Aamerican Realty, Inc.

2. Principal Office Address - No P.O. Box #

19206 W. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

19206 W. Dixie Highway

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

7. Name and Address of Current Registered Agent

Name

Ron Kochlany

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

3440 NE 192nd St.

Suite, Apt. #, Etc.

A-2P

City

Aventura

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

*R/K*

REGISTERED AGENT MUST SIGN

Date 04/27/2010

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
D	Ron Kochlany	3440 NE 192nd St., A-2P	Aventura / FL / 33180
D	Lawrence Kramer	3407 NE 168th St.	N. Miami Beach / FL / 33160

10. E-mail Address: ronkochlany@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

*R/K*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2010

Date

305.606.2258

Daytime Phone #

FILED

10 APR 30 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100179467801  
04/30/10--01057--014 \*\*450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

10/28/2002

5. FEI Number

35-2186516

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.