

NOV-04-2003 15:35

P.02/02

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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03 NOV -5 AM 9:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121836

1. Corporation Name

LIMOR VENTURES, INC.

Principal Place of Business

Mailing Address

2386 BAY VILLAGE COURT  
PALM BEACH GARDENS FL 334102386 BAY VILLAGE COURT  
PALM BEACH GARDENS FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

c/o Nason Yeager

1645 Palm Beach Lakes Blvd.

West Palm Beach, FL Ste. 1200

33401

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11/14/2002

5. FEI Number

75-3087518

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LIMOR, LINE	2386 BAY VILLAGE COURT	PALM BEACH GARDENS FL 33410

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARMOUR, ALAN II  
1645 PALM BEACH LAKES BOULEVARD  
SUITE 1200  
WEST PALM BEACH FL 33401

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/03

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 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

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561-656-3307 B  
TOTAL P.02

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.  
Account Number : 073222003555  
Phone : (561) 686-3307  
Fax Number : (561) 686-5442

6983-15447

**CORPORATION REINSTATEMENT**

**LIMOR VENTURES, INC.**

Certificate of Status	0
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