

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 19 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000133717

**1. Corporation Name**

ISRA HOMES, INC.

**2. Principal Office Address**

1705 49th Street South

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33707

Country

US

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

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

12/23/2002

**5. FEI Number**

51-0439017

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 03**

**7. Name and Address of Current Registered Agent**

Name

Jack M. Winebrenner

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

3773 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33713

**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

REGISTERED AGENT MUST SIGN

Date

**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
P	Michael Shishoni	1705 49th St. S.	St. Petersburg, FL 33707
S & V.P.	Ariel Bergerman	1705 49th St. S.	St. Petersburg, FL 33707

**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

Date

Daytime Phone #

11/7/03 727-742-1818

CR2E081 (10/02)

*Isra Homes, Inc.*  
*1705 49<sup>th</sup> Street South*  
*St. Petersburg, FL 33707*

November 7, 2003

Secretary of State  
Division of Corporation  
409 East Gaines Street  
Tallahassee, Florida 32303

Re: Isra Homes, Inc.

Dear Sir or Madam:

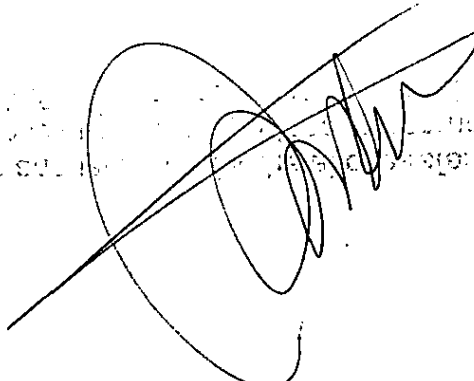
I did not receive the annual report for the above-referenced corporation. I was advised that I could pay the regular annual report fee rather than the reinstatement fee. The annual report fee of \$150.00 and executed corporate reinstatement are attached.

If you have any questions please give me a call 727-742-1818.

Very truly yours,

Ariel Bergerman  
Vice-President

AB/trg  
Enc.

A large, stylized handwritten signature in black ink, likely belonging to Ariel Bergerman, is written over the typed name and title. The signature is fluid and cursive, with a large loop at the beginning and a long, sweeping tail.