

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -4 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000012141

1. Corporation Name

JORAN REALTY, INC.

2. Principal Office Address

5225 COLLINS AVENUE

Suite, Apt. #, etc.

UNIT 1406

City & State

MIAMI BEACH, FLORIDA

Zip

33140

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

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

01/31/03

5. FEI Number

13-2895646

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

MARK PERLMAN

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

1820 EAST HALLANDALE BEACH BOULEVARD

Suite, Apt. #, Etc.

City

HALLANDALE BEACH, FLORIDA

State

FL

Zip Code

33009

600046632786

02/15/05--01020--021

\$900.00

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

Mark Perlmán

REGISTERED AGENT MUST SIGN

Date

1/31/05

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, D	MARC SHENKER	5225 COLLINS AVE. #1406 Pres., Sec., Treas., Dir.	MIAMI BEACH, FL 33140
S, T, D	CATHERINE FINGAL	5225 COLLINS AVE. #1406 Sec., Treas., Dir.	MIAMI BEACH, FL 33140
VP, D	KEVIN TAYLOR	5225 COLLINS AVE. #1406 Vice President	MIAMI BEACH, FL 33140

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

Mark Perlmán

Date

1/31/05

Daytime Phone #

CR2E081 (10/02)