

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P03000041984**

1. Corporation Name

**Ohr Investments Corp.**

2. Principal Office Address  
**3450 NW 36 Street**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State

Zip  
**33142**

Country  
**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida **04/07/2003**

5. FEI Number  
**54-2125088**

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  
**J. Galimidi**

Street Address (P.O. Box Number is Not Acceptable)  
**3420 Sheridan Avenue**

Suite, Apt. #, Etc.

City  
**Miami Beach**

State  
**FL**

Zip Code  
**33140**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**9/12/2006**

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	Robert Lawi	3450 NW 36 Street	Miami, FL 33142

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 contained in Chapter 119, 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

*[Signature]* **Robert Lawi**

Date

**9/12/2006**

Daytime Phone #

FILED

06 SEP 18 PM 12:53

SECRET  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/05)

04-06

Wor

Ohr Investments Corp.  
3450 NW 36<sup>th</sup> Street  
Miami, FL 33142

September 12, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Ohr Investments Corp.  
DN: P03000041984  
EIN: 54-2125088

Dear Sir or Madam:

We never received the annual report reminder postcard for 2004. We incorporated in 2003 and were unaware of the annual filing requirements and as such, were not aware to contact the State if no postcard arrived. We respectfully request to be reinstated and ask for an abatement of penalties for the failure to timely file and pay the annual report. Enclosed is my check for \$450 which represents annual report fees for 2004-2006.

Please note that Ohr Investments Corp. will be considered up-to-date with its filings and active to do business in Florida.

Very truly yours,

  
Robert Lawi  
President  
Ohr Investments Corp.