

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 NOV 18 PM 2: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000052838

1. Corporation Name

EBR REALTY GROUP OF AMERICA CORP.

2. Principal Office Address - No P.O. Box #  
3475 W. FLAGLER ST

3. Mailing Office Address  
126 S.W. 32ND CT. RD.

Suite, Apt. #, etc.  
2ND FLOOR

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

Zip Country  
33135 USA

Zip Country  
33135 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 05/13/2003

5. FEI Number ☒ 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  
JOSE LUIS LOPEZ

Street Address (P.O. Box Number is Not Acceptable)  
1000 PONCE DE LEON BLVD

Suite, Apt. #, Etc.  
3RD FLOOR

City  
CORAL GABLES

State Zip Code  
FL 33134

☐ The 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.

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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

*Jose Lopez*  
REGISTERED AGENT MUST SIGN

Date 06/22/09

**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	TIRADO, FRANCISCO	1930 NW 36TH AVENUE	MIAMI FL 33125
SVP/S	HAYDELSTIEN, YISHAI <i>8/11/09</i>	1930 NW 36TH AVENUE	MIAMI FL 33125
VP	JOSE LOPEZ	1930 NW 36TH AVENUE	MIAMI FL 33125
VP	GOODRICH, RONY	1930 NW 36TH AVENUE	MIAMI FL 33125
T	DIAZ, EDDY	1930 NW 36TH AVENUE	MIAMI FL 33125

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:

*Jose Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*8/26/09*

Daytime Phone #