

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 13 PM 2:49

DOCUMENT # P03 000 118076

1. Corporation Name

MARCELO OPPENHEIM, PA

2. Principal Office Address

3700 ISLAND BLVD

Suite, Apt. #, etc.

PH 8

City & State

AVENTURA, FL

Zip

33160

Country

USA

3. Mailing Office Address

210 GELBER AND COMPANY
11450 INTERCHANGE CIR

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

33025

Country

USA

REINSTATEMENT 04-06
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/03 --

5. FEI Number

56-2409383

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

MARCELO OPPENHEIM

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

3700 ISLAND BLVD

Suite, Apt. #, Etc.

PH 8

City

AVENTURA

State

FL

Zip Code

33160

200063611312
01/13/06--01005--004 **450.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Dec. 30, 2005

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 | MARCELO OPPENHEIM | 3700 ISLAND BLVD, PH 8 | AVENTURA, FL, 33160 |
| | | | |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 30, 2005 305.905.6428

Date

Daytime Phone #

2 of 2

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
RE: Marcelo Oppenheim, PA
Document Nr. **P03000118076**
FEI Nr. **56-2409383**

December 27, 2005

To Whom It May Concern:

Please be informed that I never received the corporate annual reports corresponding to the above stated corporation for the years of 2004 and 2005.

I would appreciate renewals to be sent to me in the future to prevent this from happening again. Thank you.

Enclosed, you will find a check in the amount of \$450.00

Sincerely,



Benjamin Marcelo Oppenheim
(Officer Marcelo Oppenheim, PA)
3700 Island Blvd. PH8
Aventura, FL 33160

305-905-6428