

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 24 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P03000157730

**1. Corporation Name**

MARINA REALTY 2909-D CORP.

**2. Principal Office Address**

16425 Collins Ave.

**3. Mailing Office Address**

16425 Collins Ave.

Suite, Apt. #, etc.

Unit 2616

Suite, Apt. #, etc.

Unit 2616

City & State

Sunny Isles Bch, FL

City & State

Sunny Isles Bch, FL

Zip 33160

Country USA

Zip 33160

Country USA

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

12/26/03

**5. FEI Number**

20-0562109

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

Andrew S. Yagoda, P.A.

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

22 2222 Ponce de Leon Blvd.

Suite, Apt. #, Etc.

Suite 500

City

Coral Gables

State

FL

Zip Code

33134

**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

10-19-06

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|--------|--------------------------------------|---|----------------------------|
| P/D    | Gregory Tomchinsky                   | 30 Dahlia St.                                     | Staten Island, NY 10312    |
| VP/D   | Marina Tomchinsky                    | 30 Dahlia St.                                     | Staten Island, NY<br>10312 |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |

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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 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:**

*G. Tomchinsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10.19.06

Daytime Phone #

*M. Tomchinsky*