

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000102658

1. Entity Name
PEKAROS PROPERTIES, INC.



FILED

06 MAY 15 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05122006 REIN: P. CR2E098 (11/05) 05-08

Principal Place of Business
1221 BRICKELL AVE 8TH FLOOR
MIAMI, FL 33131

Mailing Address
1221 BRICKELL AVE 8TH FLOOR
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address
90 APTMAS, ESB, 350 5th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6408-12

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10118

U.S.

4. FEI Number

20-2830868

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLUMBERG EXCELISOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN RD
ORLANDO, FL 32811

7. Name and Address of New Registered Agent

Name

Jose De Lemos

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

1221 BRICKELL AVE 8th FLR

City

Miami

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05-10-2006

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME OSTREICHER, KAREN ☐ Delete
STREET ADDRESS 19 W 34TH STREET SUITE 1121
CITY-ST-ZIP NEW YORK, NY 10001

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME OSTREICHER, KAREN
STREET ADDRESS 90 APTMAS, ESB, 350 FIFTH AVENUE (6408-12)
CITY-ST-ZIP NEW YORK, NY 10118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-10-2006

(212)

629-9673