

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000173392

1. Corporation Name

STEINBERG GROUP, INC.

2. Principal Office Address - No P.O. Box #

870 NW 34TH STREET

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FLORIDA

Zip

33309

Country

USA

3. Mailing Office Address

870 NW 34TH STREET

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FLORIDA

Zip

33309

Country

USA

REINSTATEMENT 07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/2004

5. FEI Number

251905869

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

JOHN STEINBERG

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

8395 SW 25TH COURT

Suite, Apt. #, Etc.

City

MIRIMAR,

State

FL

Zip Code

33025



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.

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 **12-22-07**

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/D	ROBERT STEINBERG	870 NW 34TH STREET	OAKLAND PARK, FL 33309
D	WALLACE LURRY	2806 N 46TH AVENUE	HOLLYWOOD, FL 33021
VP	MARILYN PONN	870 NW 34TH STREET	OAKLAND PARK, FL 33309

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT STEINBERG

12-20-2007

Date

(954)573-2897

Daytime Phone #

jc 12/31