

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000109761

1. Corporation Name

2206 Aventura Apartments, Inc.

REINSTATEMENT
CR2E08T (11/09)

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

c/o Jacob Fishman

Suite, Apt. #, etc.

1385 NW 15th St.

City & State

Miami, FL

Zip

33125

Country

USA

3. Mailing Office Address

c/o Jacob Fishman

Suite, Apt. #, etc.

1385 NW 15th St.

City & State

Miami, FL

Zip

33125

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08-08-2005

5. FEI Number

26-1541789

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

JACOB FISHMAN

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

1385 N.W. 15TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33125

☒ 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

Date

3/4/10

REGISTERED AGENT MUST SIGN

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
D	Raba H. Abramov	c/o Jacob Fishman, 1385 NW 15th St.	Miami, FL 33125
			800171601538 03/09/10 01004 029 **450.00
		M. MILLIGAN EXAMINER	800171532220 03/09/10 01004 002 **450.00
		MAR 10 2010	

10. E-mail Address: **raba12@aim.com**

(To be used for future annual report notification)

11. 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, I further certify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-03-2010 917-596-3673

Date

Daytime Phone #