

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

10 MAR 22 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000096848

1. Corporation Name:

MARA ARONOVA, P.A.

W1-9587

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

4924 SW 33 Avenue

3. Mailing Office Address

4924 SW 33 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

Country

33312

Zip

Country

33312

4. Date Incorporated or Qualified

To Do Business in Florida 07/24/2006

5. FEI Number

20-571592

7. Name and Address of Current Registered Agent

Name

Alex Sorsher

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

2500-1 N State Road 7

Suite, Apt. #, Etc.

City

Hollywood

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of the law, Chapter 607, F.S.

Signature of
Registered Agent

[Signature]

12/11/09

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	Aronova, Mara	4924 SW 33 Avenue	Ft. Lauderdale, FL 33312

500170455065

03/24/10 01011 027 **150.00

03/24

10. E-mail Address: letsbuymiami@yahoo.com

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this reinstatement application, the reason for dissolution has been eliminated, the corporation is in compliance with the provisions of Chapter 607, F.S. and all fees owed by the corporation have been paid. I further certify, the information furnished is true and correct, and I am making this statement under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/24/10 01011 027 **150.00