

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000047444

1. Corporation Name

NBJ PROPERTIES, INC.

W09-55172

2. Principal Office Address - No P.O. Box #  
1401 BRICKELL AVE

3. Mailing Office Address  
354 SEVILLA AVE

Suite, Apt. #, etc.  
320

Suite, Apt. #, etc.

City & State  
MIAMI, FL

City & State  
CORAL GABLES, FL

Zip Country  
33131 USA

Zip Country  
33134 USA

7. Name and Address of Current Registered Agent

Name  
ALEX ORTIZ

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

Suite, Apt. #, Etc.

City  
CORAL GABLES

State Zip Code  
FL 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

Date

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
P	JOSE L. RECARI	1401 BRICKELL AVE, #320	MIAMI, FL 33131
VP	MARIA N. ERANSUS	1401 BRICKELL AVE, #320	MIAMI, FL 33131
S	BEATRIZ RECARI	1401 BRICKELL AVE, #320	MIAMI, FL 33131

10. E-mail Address: EALEXCPA@AOL.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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 12/17/09 305-448-5208  
Date Daytime Phone #

FILED

09 DEC 30 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300163833223  
12/30/09--01018--015 \*\*150.00

300163833223  
12/21/09--01053--014 \*\*150.00

REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida 04/18/07

5. FEI Number 20-8864775 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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.