

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JAN 10 PM 1:16

DOCUMENT # **P39344**

1. Corporation Name

**STEIN REALTY INVESTMENT CORP.**

Principal Place of Business

10390 SANTA MONICA BLVD  
210  
LOS ANGELES CA 90025  
US

Mailing Address

10390 SANTA MONICA BLVD  
210  
LOS ANGELES CA 90025  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 01

4. Date Incorporated or Qualified  
To Do Business in Florida

06/22/1992

5. FEI Number

95-3590277

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CDP	STEIN, MITCHELL J.	2951 28TH STREET SUITE 2040	SANTA MONICA CA
T	STEIN, MITCHELL J.	2951 28TH STREET SUITE 2040	SANTA MONICA CA

500004722445-3  
-01/17/02-01002-023  
\*\*\*\*50.00 \*\*\*\*600.00

12/1/15

8. Name and Address of Current Registered Agent

C T CORPORATION  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500004722445-3  
-01/17/02-01002-023  
\*\*\*\*50.00 \*\*\*\*600.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*David I. Farber*

DAVID I. FARBER  
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 12/12/01

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/01

Date

Daytime Phone #

CR2ED40 (8/01)