

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**FILED**

00 FEB -9 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA3000033536**

1. Corporation Name

Executive Acquisitions, Inc.

2. Principal Office Address

2875 N.E. 191st Street

3. Mailing Office Address

2875 N.E. 191st Street

Suite, Apt. #, etc.

Suite 508

Suite, Apt. #, etc.

Suite 508

City & State

Aventura, Florida

City & State

Aventura, Florida

Zip

33180

Country USA

Zip

33180

Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/6/93

5. FEI Number

65-0415765

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

Rory C. Shur

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

2875 N.E. 191st Street

Suite, Apt. #, Etc.

Suite 508

City

Aventura

State  
**FL**

Zip Code  
33180

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

REGISTERED AGENT MUST SIGN

Date **2-4-2000**

**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	Shur, Rory C.	2875 N.E. 191st Street, #508	Aventura, FL 33180

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 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

**2-4-2000**

Date

**305-937-5100**

Daytime Phone #