

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 14 AM 8:00

DOCUMENT # **P95000015700**

1. Corporation Name

AARON ROCKMAN'S SON REALTY CORP.

700038133947
06/21/04--01053--002 **1350.00

REINSTATEMENT **00-04**
MRS

2. Principal Office Address 131 A HINCHMAN AVE Suite, Apt. #, etc.		3. Mailing Office Address 131 A HINCHMAN AVE Suite, Apt. #, etc.	
City & State WAYNE, NEW JERSEY		City & State WAYNE, NEW JERSEY	
Zip 07470	Country USA	Zip 07470	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/14/95	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 65-0576930		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		

7. Name and Address of Current Registered Agent	
Name MR GARY TANNENBAUM	
Street Address (P.O. Box Number is Not Acceptable) 9128 COVE POINT CIRCLE	
Suite, Apt. #, Etc.	
City BOYNTON BEACH	State FL Zip Code 33437

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent **[Signature]** Date **6/10/04**
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 PRES	WAYNE ROCKMAN	131 A HINCHMAN AVE	WAYNE, NEW JERSEY 07470

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 807 or 817, 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 807.0401 or 817.0401, 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)(l), 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]** **WAYNE ROCKMAN** Date **6/10/04** Daytime Phone # **9736929446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR