

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 22 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000059632

1. Corporation Name

Shlomo Corporation

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

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite 0-305

City & State

Miami & FL

Zip

33131

Country

USA

3. Mailing Office Address

520 Brickell Key Drive

Suite, Apt. #, etc.

Suite 0-305

City & State

Miami & FL

Zip

33131

Country

USA

REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1994

5. FEI Number

050703471

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 Robert M Haber

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

520 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 0-305

City

Miami

State

FL

Zip Code

33131

☐ 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.

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

[Signature]

Date 05/10/07

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	Miron Gross	520 Brickell Key Drive Suite 0-305	Miami, FL 33131
AS	Robert M. Haber	520 Brickell Key Drive Suite 0-305	Miami, FL 33131
DP	Yoram Einach	99 Park Avenue	New York, NY 10014
D	Sharon Chinitz	99 Park Avenue	New York, NY 10014

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06/06/07--01004--005 **1200.00

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 contained in Chapter 119, 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

[Signature] Robert M Haber

Date

05/10/07

Daytime Phone #

305-374-3800