

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000059632**

1. Corporation Name

SHLOMO CORPORATION

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

3300 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 250

City & State

FT. LAUDERDALE, FLORIDA

Zip

33306

Country

USA

3. Mailing Office Address

3300 N. FEDERAL HWY.

Suite, Apt. #, etc.

SUITE 250

City & State

FT. LAUDERDALE, FLORIDA

Zip

33306

Country

USA

REINSTATEMENT

CR2E081 (11/09)

08-09

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1996

5. FEI Number

650703471

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)

1000 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 215

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 **11-19-09**

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 | 3300 N. FEDERAL HWY. STE 250 | FT LAUDERDALE, FL 33306 |
| PD | YORAM GINACH | 99 PARK AVENUE | NEW YORK, NY 10016 |
| D | SHARON CHINITZ | 99 PARK AVENUE | NEW YORK, NY 10016 |
| AS | ROBERT M. HABER | 1000 BRICKELL AVE. #215 | MIAMI, FL 33131 |
| | | | |
| | | | |
| | | | |

100163098571
11/25/09--01004--015 **\$800.00

10. E-mail Address:

(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, and 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:

[Signature]

ASST SEC

11-19-09

3053736582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #