

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
11 FEB -1 PM 12:32

DOCUMENT # P6000086054

1. Corporation Name

KLASSMAN REALTY, INC.

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

20900 NE 30TH AVENUE

3. Mailing Office Address

20900 NE 30TH AVENUE

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

SUITE 200

City & State

AVENTURA, FL

City & State

AVENTURA, FA

Zip

33180

Country

USA

Zip

33181

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1017-1996

5. FEI Number

65-07075598

☐ 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

ISABEL KLASSMAN

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

20900 NE 30TH AVENUE

Suite, Apt. #, Etc.

SUITE 200

City

AVENTURA

State

FL

Zip Code

33180

700193064747
02/01/11--01023--012 **1050.00

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

Isabel Klassman
REGISTERED AGENT MUST SIGN

Date **1-27-11**

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
Pres	Isabel Klassman	20900 NE 30th Ave.	Aventura, FL. 33180
			B 2/2/11
			REINSTATEMENT 09-11

10. E-mail Address: **iklassman@aol.com**

(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., and that all fees owed by the corporation have been paid. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Isabel Klassman

1-27-11

305-932-2883