



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000071259			
1. Corporation Name SCHORR INVESTMENT, INC.			
2. Principal Office Address 11767 S. Dixie Hwy c/o Mail Boxes, Etc. Suite, Apt. #, etc.		3. Mailing Office Address 11767 S. Dixie Hwy c/o Mail Boxes, Etc. Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33156-4438	Country Miami-DAde	Zip 33156-4438	Country Miami, Dade
4. Date Incorporated or Qualified To Do Business in Florida 8/18/97		5. FEI Number 65-0777007	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name Kenneth A. Schorr			
Street Address (P.O. Box Number is Not Acceptable) 6330 NW 40th Street			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33166
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 		Date 10/23/01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVST	Edward M. Schorr	6330 NW 40th Street	Miami, FL 33166
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: Edward M Schorr		Date 10/23/2001 Daytime Phone # 305-871-5997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT 01

8/18/97

Applied For
Not Applicable

Additional Fee required
for a Certificate of Status

33166

10/23/01