

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000077052

1. Corporation Name

PAPS REAL ESTATE INVESTMENTS CORP.

2. Principal Office Address

8550 N.W. 33 Street

Suite, Apt. #, etc.

Suite 100

City & State

Miami, Florida

Zip

33122

Country

U.S.A.

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/5/97

5. FEI Number

65-0783686

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
02 AUG -7 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-08/14/02--01077--005  
\*\*\*\*900.00 \*\*\*\*900.00

**REINSTATEMENT**

01-02

**7. Name and Address of Current Registered Agent**

Name

MASOUD SHOJAEE

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

8550 N.W. 33 Street

Suite, Apt. #, Etc.

Suite 100

City

Miami

State

FL

Zip Code

33122

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

REGISTERED AGENT MUST SIGN

Date 7/31/02

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
D	MASOUD SHOJAEE	8550 N.W. 33 St., Suite 100	Miami, FL 33122
D	MARIA LAMAS DE SHOJAEE	8550 N.W. 33 St., Suite 100	Miami, FL 33122

10. I certify that I am an officer or director of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASOUD SHOJAEE

Date

7/31/02 (305)223-9596

Daytime Phone #

CR2E081 (9/01)