


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 APR 12 PM 3:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT #** P99000037713  
**1. Corporation Name**  
 AVENTURA PRIME PROPERTIES, INC., a Florida corp.

<b>2. Principal Office Address</b> 19210 W. Dixie Highway Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 19210 W. Dixie Highway Suite, Apt. #, etc.	
City & State Aventura, Florida		City & State Aventura, Florida 33180	
Zip 33180	Country USA	Zip 33180	Country USA

**REINSTATEMENT 00-02**

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 4/22/1999	
<b>5. FEI Number</b> 65-0929385	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Name Dade County Corporate Agents, Inc.	300005326203 --- 3 -04/23/02--01025--030
Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Blvd.	***1050.00 ***1050.00
Suite, Apt. #, Etc. Suite 505	
City Aventura	State FL
	Zip Code 33180

**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 4/11/2002

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 P S T	Nancy Rosenberg	19210 W. Dixie Highway	Aventura, Fl 33180

*Handwritten signature*

**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:** Nancy Rosenberg Nancy Rosenberg, Pres. Date 4/11/2002 305-936-1466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/01)

REI Batch # 37499

*Scan Only*



**REINSTATEMENT**

Prep. Name: _____	Scanner Name: <u>Raw</u>
Prep. Date: _____	Box Number: <u>02-199</u>