

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

APPROVED
FILED

02 JUN 18 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000041275

1. Corporation Name

JARDACK COMMERCIAL REALTY CORPORATION

REINSTATEMENT 2000-2002

2. Principal Office Address

10200 N.W. 25 Street

3. Mailing Office Address

10200 N.W. 25 Street

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33172

Country

USA

Zip

33172

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/1999

5. FEI Number

65-0984458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

96.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert M. Haber

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

520 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 0-305

City

Miami,

State

FL

Zip Code

33131

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

6/17/02

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
P	Viridian Barbeito	10200 NW 25 Street, # 201	Miami, Florida 33172
VP/D	Hani Jardack	10200-NW-25-Street, #201	Miami, Florida 33172
Asst. Sec.	Robert M. Haber	520 Brickell Key Dr., # 0-305	Miami, Florida 33131
			8000006060978--8 -06/27/02--01010--019 ****900.00 ****900.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

305-477-0610

Daytime Phone #