

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 DEC 12 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000060639

1. Corporation Name

3333 Aventura Realty Corp.

2. Principal Office Address
221 West 26th Street

Suite, Apt. #, etc.

City & State
New York NY

Zip Country
10001 USA

3. Mailing Office Address
221 West 26th Street

Suite, Apt. #, etc.

City & State
New York NY

Zip Country
10001 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 07/07/1999

5. FEI Number
582481115

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
Miami Center Registered Agents, LLC
Street Address (P.O. Box Number is Not Acceptable)
201 S. Biscayne Boulevard
Suite, Apt. #, Etc.
Suite #1700
City
Miami

600004744756--4
-12/31/01--01050--009
****750.00 ****750.00

State Zip Code
FL 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

REGISTERED AGENT MUST SIGN

Date December 5, 2001

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 |
|--------|--------------------------------------|---|--------------------|
| PS | Anton Duke | 221 West 26th Street | New York NY 10001 |
| VP | Harry Cohon | 221 West 26th Street | New York NY 10001 |
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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

Anton Duke, PS

12/7/01

Date

212-727-1234

Daytime Phone #