

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000081989**

1. Corporation Name

J. FEINBERG REALTY INVESTMENTS, INC.

Principal Place of Business

C/O THE COUNTRY CLUB AT EMERALD HILLS
4100 NORTH HILLS DRIVE
HOLLYWOOD FL 33021

Mailing Address

C/O THE COUNTRY CLUB AT EMERALD HILLS
4100 NORTH HILLS DRIVE
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/16/1999

5. FEI Number

65-0947948

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVST	FEINBERG, JOEL	C/O 4100 NORTH HILLS DRIVE	HOLLYWOOD FL 33021
D	FEINBERG, JOEL	C/O 4100 NORTH HILLS DRIVE	HOLLYWOOD FL 33021
			300004659319--1 -10/30/01--01061--015 ****750.00 ****750.00
			REINSTATEMENT 01 TS

8. Name and Address of Current Registered Agent

HANDLER, HENRY B ESQ
WESLEY & HANDLER, P.A.
2255 GLADES ROAD, STE 218AA
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/16/01**

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15
Date

954-253-9128
Daytime Phone #

CR2E040 (8/01)