

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103757

1. Corporation Name

MELROSE PLACE PROPERTIES, INC.

2. Principal Office Address

5024 N.W. 102nd Drive

3. Mailing Office Address

Suite, Apt. #, etc.

"SAME"

City & State

Coral Springs, FL

City & State

Zip

33076

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/30/99

5. FEI Number

65-1036287

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

Law Office of Jeffrey L. Greenberg, P.A.

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

4800 North Federal Highway

Suite, Apt. #, Etc.

Suite 304-D - Sanctuary Centre

City

Boca Raton

State

FL

Zip Code

33431

8. I, hereby 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 04/17/01

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/D	Abraham Shorek	5024 N.W. 102nd Drive	Coral Springs, FL 33076
V/S/D	Pierre Shorek	5024 N.W. 102nd Drive	Coral Springs, FL 33076

REINSTATEMENT

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

SHOREK ABRAHAM

04/14/01

Date

Daytime Phone #

1305 4954526

CR2E081 (9/00)