

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 12 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S14371

1. Corporation Name

AURA MANUFACTURING, INC.

2. Principal Office Address

9202 NW 101 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL 33178

Zip

33178

Country

USA

3. Mailing Office Address

9202 NW 101 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL 33178

Zip

33178

Country

USA

REINSTATEMENT 03-04

300032274663

04/09/04--01056--002 **300.00

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

5. FEI Number

59-3047576

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

KAUFMAN, AURA T.

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

9202 NW 101 STREET

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33178

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

Aura Kaufman

REGISTERED AGENT MUST SIGN

Date 04/07/04

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
PVST	KAUFMAN, AURA T.	9202 NW 101 STREET	MIAMI, FLORIDA 33178
D	KAUFMAN, AURA T.	9202 NW 101 STREET	MIAMI, FLORIDA 33178

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

Aura Kaufman

04/07/04
Date

(305)688-2144
Daytime Phone #

CR2E081 (01/04)

AURA MANUFACTURING, INC
9202 NW 101 ST.
MIAMI, FL 33178
PH (305)688-2144
FAX (305)688-6310

April 7, 2004

To: Department of State

Please see attached form for reinstatement. We moved during the year 2002 and apparently we did not change the address with your agency. Please see our new address indicated on the form. At this point, we request the late fees to be waived.

Also attached is a check for \$300.00 to cover the fees for the year 2003 and 2004.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Aura Kaufman".

Aura Kaufman
President