

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JUN -2 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V47574**

1. Corporation Name

EIK Investors, Inc.

100156682611
06/02/09--01016--017 **2550.00

2. Principal Office Address - No P.O. Box #

4951 Gulf Shore Blvd. N.

Suite, Apt. #, etc.

PH #202

City & State

Naples, FL

Zip

34103

Country

USA

3. Mailing Office Address

4951 Gulf Shore Blvd. N.

Suite, Apt. #, etc.

PH #202

City & State

Naples, FL

Zip

34103

Country

USA

REINSTATEMENT 09

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/92

5. FEI Number

32-3186103

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

CT CORPORATION

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and agree to the provisions of Chapter 607, F.S.

Signature of
Registered Agent

Joanne McCarthy
REGISTERED AGENT MUST SIGN

Vice President

5/19/09

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
Pres.	Edmondo Schwartz	595 Madison Ave. 39 th Fl	New York, NY 10022
Secy	Irving Schwartz	595 Madison Ave. 39 th Fl	New York, NY 10022

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 contained in Chapter 119, 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

Edmondo Schwartz 05/12/09 (212) 629-3535

Date

Daytime Phone #

Michael JUN 2 2009