

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT #

620985

1. Corporation Name

Real Estate Rehab Corp.

2. Principal Office Address

1375 N. E 125 Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, Fl.

City & State

Zip

33161

Country

Dade

Zip

Country

REINSTATEMENT 99-01

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

6/1/79

5. FEI Number

59-1912458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard McGee

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

1375 N. E. 125 Street

Suite, Apt. #, Etc.

City

North Miami,

State

FL

Zip Code

33161

B. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of
Registered Agent

Richard McGee

Date 1/8/01

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Richard McGee	1375 N.E. 125 Street	N. Miami, Fl. 33161
S	Alice McGee	1375 N.E. 125 Street	N. Miami, Fl. 33161

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)(f), F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Richard McGee
SIGNATURE: Richard McGee, President

1/8/01

(305) 895-4436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #