

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2012 OCT 30 AM 4:17

TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M14509

1. Corporation Name

ALHAMBRA REALTY INC.

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

147 ALHAMBRA CIRCLE

3. Mailing Office Address

147 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 240

Suite, Apt. #, etc.

SUITE 240

City & State

CORAL GABLES, FLA

City & State

CORAL GABLES FLA

Zip

33134

Country

US

Zip

33134

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1985

5. FEI Number

59 2635043

☐ 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

MARGARITA M FEBLES

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

147 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 240

City

CORAL GABLES

State

FL

Zip Code

33134

500241229755
10/26/12--01027--005 ***908.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-24-12

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
<u>PSTD</u>	<u>MARGARITA M FEBLES</u>	<u>147 ALHAMBRA CIRCLE</u>	<u>CORAL GABLES</u>
		<u>SUITE 240</u>	<u>FLA 33134</u>
		<u>Telephone:</u>	
		<u>305-4433030</u>	

10. E-mail Address:

N/A (PLEASE MAIL)

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARITA M FEBLES 10/24/12 305-

Date

Daytime Phone #

PSTD

(443-3030)