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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

FILED
1994 MAY 19 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # N98000001861

SOUTH FLORIDA BOARD OF REALTIST
9713 NW 27 ave
MIAMI,FL 33147

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

700002474507--0

3. If Principle Office Address is different from mailing address, enter address below:

Address 400001 186974
-05/27/94--01049--037
****845.00 ****845.00

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
12/90	65-0244264	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	HAROLD HICKS	9713 NW 27 ave	MIAMI,FL 33147
V-P	RENEE DAWSON	241 NW 17 st	MIAMI,FL 33136
V-P	DARRLY RICKS	6565 TAFT st	HOLLYWOOD,FL 33024
SEC	DURRELL MOSELEY	18350 NW 7 ave	MIAMI,FL 33169
TREA	LLOYD WRIGHT	18350 NW 7 ave	MIAMI,FL 33169

REINSTATEMENT 91-94 ans dec

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

HAROLD HICKS
9713 NW 27 ave
MIAMI,FL 33147

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State Zip

FL.

CR2E040 (8-92)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Harold Hicks Date 5/17/94
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director Harold Hicks Date 5/17/94 Daytime Phone # (305)693-7100

Typed or printed name of signing officer or director HAROLD HICKS