

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 MAR 31 AM 10:06

DOCUMENT # N98000001861

1. Corporation name
 South Florida Board of Realtors, Inc.

Principal Place of Business Mailing Address
 18350 N.W. 2ND AVE, Suite 350
 Miami, Florida 33169

900002474489--9
 -04/01/98--01013--006
 ****367.50 ****367.50

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable N/A		3. New Mailing Office Address, If Applicable N/A		4. Date Incorporated or Qualified To Do Business in Florida 1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0244264	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
D/ Pres.	DALG Holness	4325 W. Sunrise Blvd.	Ft. Lauderdale, FL 33313
D/ V.P.	Joseph Ellis	1000 PONCE DE LEON #20	CORAL GABLES, FL 33134
D/ V.P.	MARIA KONG-Holness	1733 N.W. 38th Ave.	LAVOACHILL, Florida 33311
Treas.	MILTON MURRAY	1000 PONCE DE LEON #20 CORAL GABLES FL 3	CORAL GABLES FL 33134
Sec.	YOLLETTE LINWOOD	618 N.W. 187th Street Suite #2	Miami, FL 33169

8. Name and Address of Current Registered Agent Rennee Dawson 1828 N.W. 152nd Street Miami, FL 33054		9. Name and Address of New Registered Agent Name: LAMARR DEAN KEMP, SR Street Address (P.O. Box Number is Not Acceptable): 401 Clancey Circle Suite, Apt. #, Etc.: N/A City: MARICATE, FL State: FL Zip Code: 33068	
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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: [Signature] REGISTERED AGENT MUST SIGN Date: FEBRUARY 9, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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] PRESIDENT Date: FEBRUARY 9, 1998 Daytime Phone #: 954 587-7777
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: DALG V.G. HOLNESS

CR2E040 (1/98)