

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000156105

1. Entity Name
BELTWAY REALTY, CORPORATION



Principal Place of Business
1311 CENTRALL TERRACE
LAKE WORTH, FL 33460-3304

Mailing Address
PO BOX 289
LAKE WORTH, FL 33460-3304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11142006

REIN-P

CR2E098 (11/05)

06

4. FEI Number
52-2459217

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINONES, VICTOR M
1210 NORTH H ST
LAKE WORTH, FL 33460-3304

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature typed on document and filed with this filing.

(NOTE: Registered Agent signature required when reinstating)

DATE

Nov. 14/2006

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPT
QUINONES, VICTOR M
1210 N H ST N
LAKE WORTH, FL 33460 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
200081856292
11/16/06--01037--025 **158.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

Signature typed on document and filed with this filing.

Nov. 14/2006 561-541-0334

Date

Daytime Phone #