

APPLICATION FOR REINSTATEMENT



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

FILED
 00 DEC 26 PM 3:19
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P99000055166
 1. Corporation Name
20 CLARKE PLACE REALTY CORP.

Principal Place of Business Mailing Address
 2030 S. OCEAN DR., STE. ⁴⁰⁸ 408
 HALLANDALE FL 33009 HALLANDALE FL 33009



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **06/17/1999**
 5. FEI Number **11-2644359** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D.P.S	GANIS, EVA	2030 S. OCEAN DR., STE. 480	HALLANDALE FL 33009
			200003523822--7 -01/04/01--01097--019 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent
 Name **Eva Ganis**
 Street Address (P.O. Box Number is Not Acceptable) **20-30 South Ocean Drive**
 Suite, Apt. #, Etc. **Suite 408**
 City **Hallendale** State **FL** Zip Code **33009**

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 *** Eva Ganis** **SIGNATURE REQUIRED** Date **12/19/00**
 REGISTERED AGENT MUST SIGN

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., 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: * Eva Ganis **SIGNATURE REQUIRED** **(954)4561142**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date **12/19/00** Daytime Phone # **KE**