

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

99 DEC -9 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M26970

1. Corporation Name

J & F REALTY CORP.

Principal Place of Business

Mailing Address

8350 SO DIXIE HWY
PH 1
MIAMI FL 33156
US

8350 SO DIXIE HWY
PH1
MIAMI FL 33156
US

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1986

5. FEI Number

59-2637081

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	SCHWAMA, ROBERT	92 HENDRICKS ISLE #4	NORTH LAUDERDALE FL 33061
D	Schwama, Robert	92 Hendricks Isle #4	PORT LAUDERDALE FL 33301
			800003078278--5 -12/22/99--01077--013 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSTEIN, STUART A.
9350 SO DIXIE HWY-PH1
STE 300
MIAMI FL 33156

Name
Stuart A. Goldstein
Street Address (P.O. Box Number is Not Acceptable)
9350 South Dixie Highway
Suite, Apt. #, Etc.
Tenth floor
City
Miami
State
FL
Zip Code
33156

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

Stuart A. Goldstein

REQUIRED

Date 11/24/99

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

[Signature]

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT SCHWAMA

Date

Daytime Phone

11/23/99 13056701222

KE