

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 99 OCT 19 AM 9:52

DOCUMENT # 248632

1. Corporation Name  
 TRACO REALTY INC

Principal Place of Business	Mailing Address
80-82 NE 29TH STREET MIAMI FL 33137	80-82 NE 29TH STREET MIAMI FL 33137

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/21/1961	
City & State		City & State		5. FEI Number	
Zip		Country		59-0975380	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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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
TD	WISE, ABE	88 JOHNSON AVE.	ENGLEWOOD CLIFFS NJ
PD	WISE, D.	15 BEEKMAN PLACE	FAIRLAWN NJ

500003043435--6  
 -11/12/99--01120--019  
 \*\*\*\*750.00 \*\*\*\*750.00

10/10/25

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WISE, DONALD D. 15 BEEKMAN PLACE FAIRLAWN FL 07410		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State

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] Date: 10/14/99

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] Date: 10/14/99 Daytime Phone #: (312) 805-7700

CFR2046 (8/99)