


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 NOV -3 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **248632**

1. Corporation Name  
**TRACO REALTY, INC**  
**W06 - 44243**

2. Principal Office Address  
**18-108 ROYAL PALM WAY**

3. Mailing Office Address  
**same as 2**

Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL**

City & State  
**same as 2**

Zip  
**33432**

Country

300080578139  
10/06/06--01047--022 \*\*1658.75

CR2ED81 (12/05)  
03-06

4. Date Incorporated or Qualified To Do Business in Florida  
**6/21/62**

5. FEI Number  
**59-0975380**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: **Mr. TOBY LANG**

Street Address (P.O. Box Number is Not Acceptable)  
**18-108 ROYAL PALM WAY**

Suite, Apt. #, Etc.

City  
**BOCA RATON**

State  
**FL**

Zip Code  
**33432**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: **Toby Lang**

Date: **10-4-06**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip   |
|--------|-----------------------------------|--|----------------------|
| MR.    | DONALD WISE                       | 354 OWEN AVE                                   | FARHINGTON, NJ 07410 |
| MR.    | TOBY LANG                         | 18-108 ROYAL PALM WAY                          | BOCA RATON, FL 33432 |
|        |                                   |  |                      |
|        |                                   |  |                      |

10. 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 contained in Chapter 119, 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: **Donald Wise**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10-4-06**

Daytime Phone #: **201-939-1600**

2011/8