PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

M & A REALTY CORPORATION

Principal Place of Business

Mailing Address

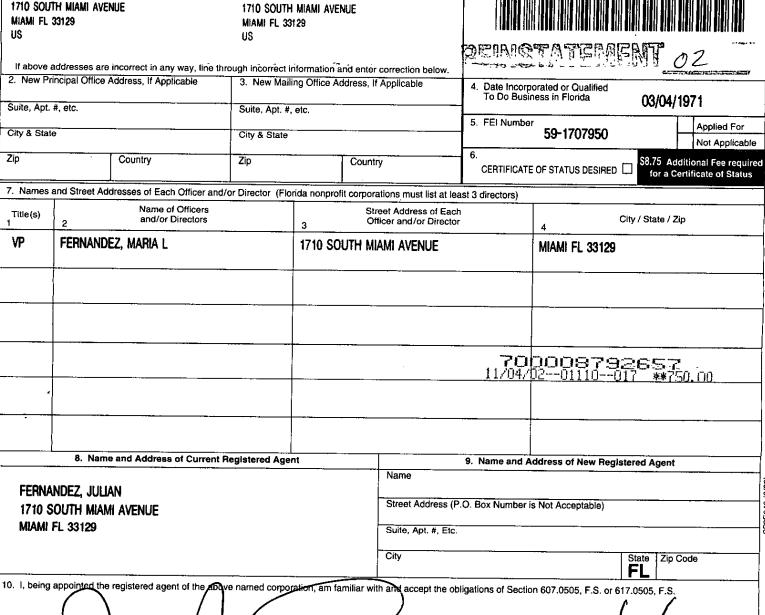
1710 SOUTH MIAMI AVENUE MIAMI FL 33129

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FILED

02 HOV -4 PM 1:01

SECRETARY OF STATE TALLAHASSEE FLORIDA



cer 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

h 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

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

11. I certify that I am an of

owed by the corpor

Signature of Registered Agen

on this application is the and accurate, and my signature shall have the same legal effect as if made under oath.

REGISTERED AGENT MUST SIGN