

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 509711

1. Corporation Name

Terry's Properties, Inc

2. Principal Office Address

6900 SW 10 St

Suite, Apt. #, etc.

3. Mailing Office Address

6900 S.W. 10 St.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

Broward

City & State

Plantation, FL

Zip

33317

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/76

5. FEI Number

5917000-584

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

Kabbaby, Charles B

Street Address (P.O. Box Number is Not Acceptable)

6900 S.W. 10 St.

Suite, Apt. #, Etc.

City

Plantation, FL

State

FL

Zip Code

33104

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

Charles B Kabbaby

Date

3/31/04

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
Pres.	Charles B Kabbaby	6900 SW 10 St	Plantation, FL 33317
V. Pres.	Terry Kabbaby	6900 SW 10 St	Plantation, FL 33317
Sec/Treas	Terry Kabbaby	6900 S.W. 10 St.	Plantation, FL 33317

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 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:

Charles B Kabbaby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 (954) 583-1342

Date

Daytime Phone #

CR2E081 (01/04)