

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**



FILED

99 FEB -9 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 5528.75**

**1. Corporation Name**  
 TAMMY REALTY CORP.

600002774406--3  
 -02/15/99--01005--001  
 \*\*\*3750.00 \*\*\*\*900.00

**Principal Place of Business**      **Mailing Address**

2600 DOUGLAS RD. STE 510      2600 DOUGLAS RD. STE 510  
 CORAL GABLES, FL 33134      CORAL GABLES, FL 33134

**REINSTATEMENT**

98-99  
ad

If above addressee 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

**4. Date Incorporated or Qualified To Do Business in Florida**      11/22/1977

**5. FEI Number**      59-1807418      **Applied For**  **Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED**  5075 Additional Fee is paid 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
SDTV	ADLER, IRWIN	2600 DOUGLAS RD, STE 510	CORAL GABLES, FL 33134
DP	COLEMAN, JACQUELINE	2600 DOUGLAS RD, STE 5100	CORAL GABLES, FL 33134
D	ADLER, HELENE	2600 DOUGLAS RD. STE 510	CORAL GABLES, FL 33134

**8. Name and Address of Current Registered Agent**

ROBBINS, CHARLES D.  
 KATZ, BARRON, SQUITERO, FAUST & BERMAN  
 2699 S. BAYSHORE DRIVE  
 MIAMI, FLORIDA 33133

**9. Name and Address of New Registered Agent**

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 Suite, Apt. #, Etc.: \_\_\_\_\_  
 City: \_\_\_\_\_ State: FL Zip Code: \_\_\_\_\_

**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: Charles D. Robbins      Date: 1/22/99

REGISTERED AGENT MUST SIGN

**11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.** Yes  No  (See other side for information on intangible tax.)

**12. 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)(f), 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: DAVID ADLER, PRESIDENT      Date: 1/22/99      Daytime Phone #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR