

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 OCT 23 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **565443**

1. Corporation Name

TODAY REALTY OF FLORIDA, INC.

Principal Place of Business

Mailing Address

**109 SE 1ST AVE
HALLANDALE FL 33008**

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HALLANDALE FL 33008**



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

401 Golden Isle, 405

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hallandale

City & State

City & State

Florida

Zip

Country

Zip

Country

33009

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1978

5. FEI Number

59-1804246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CASCHETTA, NINA	1093 NE 210TH TERR 401 Golden Isle DR, 405	NORTH MIAMI FL Hallandale, FL 33009
S	CASCHETTA, NINA	1093 NE 210TH TERR 401 Golden Isle, 405	NORTH MIAMI FL Hallandale, FL 33009
T	CASCHETTA, NINA	1093 NE 210TH TERR 401 Golden Isle, 405	NORTH MIAMI FL Hallandale, FL 33009
			300003455763--4 -11/07/00--01101--016 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

**CASCHETTA, NINA
1093 NE 210TH TERRACE
N. MIAMI BEACH FL 33179**

Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date

Oct 17, '00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/00 954-456-5131

REINSTATEMENT

CR2ED40 (8/00)