PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

APPROVED

APPROVED **APPLICATION Katherine Harris FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 00 OCT 23 PH 4: 24

DOCUMENT #

565443

1. Corporation Name

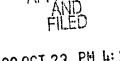
TODAY REALTY OF FLORIDA, INC.

Princinal	Place	of Rus	einace

Mailing Address

109 SE 1ST AVE

109 SE 1ST AVE



SECRETARY OF STATE FALLAHASSEE, FLORIDA

TALLANDALE FL 33006 TALLANDALE		PL 33006		(1986) Bille bliff Bille athi bidas iiii aidii debii bibli aidii debii debi					
If above a	ddresses are incorrect in any way, line thro	ugh incorrect ir	iformation an	nd enter c	orrection below.				
			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 01/19/1978				
Suite, Apt. #, etc. Suite, Apt. #,		etc.		5. FEI Number 59-180424		Applied For			
City & State City & State							Not Applicable		
^{Zip} ろう4	Country o	Zip		Country	,	6. CERTIFICATE	OF STATUS DESIRED		ional Fee required ifficate of Status
7. Names a	and Street Addresses of Each Officer and/o	or Director (Flo	rida nonprofi						
Title(s) 1	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P	CASCHETTA, NINA		1093 NE 210TH TERR 40/60/den IS			DR. 465 HAVAN GULF F1 3309			
S	CASCHETTA, NINA	1000 NE ZIVIH LEHR ISTE, 405			405	HAMANdale, Fl 3209			
T CASCHETTA, NINA		1093 NE 210TH TERR 401 GOLD J			Je 406	NORTH MIAMIFE	ale H	33009	
						[′] 30	1000345 -11/07/00	576: 01101	34 016
						•	****758	75	₹758.75
						MATAT	EMEN.	and the same of th	
Name and Address of Current Registered Agent				BEI	Name and Address of New Registered Agent				
					Name *		`		
CASCHETTA, NINA			_		Street Address (P.O. Box Number is Not Acceptable)				
N. MIAMI BEACH FL 33179				Suite, Apt. #, Etc.			·		
					City			State Zip C	ode

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 filling 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 of Registered Agen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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.

REGISTERED AGENT MUST SIGN

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