	PLEASE REAL	ALL INST	RUCTIONS	BEFORE C	OMPLETIN	IG THIS FORM.		
APPLICATION FLORIDA DEPARTMENT OF STATE							•	
FOR			Katherine Harris					
DEINICTATEMENT			Secretary of S		Primary B 1 (Free Free			
HEINSTAT		IVISION OF CORPOR	VISION OF CORPORATIONS		-			
DOCUMENT # 609 438					99 NOV 22 FM 2: 50			
SUNVEST AMERICAN REALTY INC								
					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address					<u> </u>		LOUIDM	
3727 S.E. OCEAN BLUD. SUITE ZOZ,					1			
•				,				
TUA	et Florida	34996	•					
If about addresses	are incorrect in any way, line	through incorrect i	nformation and enter of	sorrection below			,	
If above addresses are incorrect in any way, line through incorrect information and enter correction be  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable					Date Incorporated or Qualified			
Suite. Apt. #, etc.		etc		To Do Business in Florida				
Suite: Apt #, etc		Suite, Apt. #	, etc.		5. FEI Number Applied For		Applied For	
City & State		City & State					Not Applicable	
Zip	Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED To S8.75 Add to total Fee req			
		adda - Diseator /F/	nida paparafit samara	tions must list at los	at 3 dispetors)			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Street Address of Each								
Title(s)	itle(s) and/or Directors		3 (Do NOT Us	icer and/or Director te Post Office Box N	Numbers)	City / Sta	te / Zip	
			9550 5.0	OCEAN I	DR # 140B		·	
r. 601	1. Louis E Sousa Jewsen &				R.F.	34957		
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HEINSTATEMENT 98-99 1 TS								
		TEHIO	I CA I Printer		-			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
Louis E Sous A					(18.28)			
Chan a Andrea								
9550 S. OCEAN DR. #1406					Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
TOUISE ) RESULT El 3/952								
Januar	SCHOOL I		<u>`</u>	City		State FL	Zip Code	
10. I, being appointe	the registered agent of the	above named cor	oration, am familiar wi	th and accept the o	bligations of Section		<del></del>	
Signature of		20 h	n			11/19/9	a l	
Registered Agent	Veod_	AEGISTERED A	GENT MUST SIGN	· · · · · · · · · · · · · · · · · ·	<del></del>	Date 11/11/1	<del>/</del>	
11 This cor	noration owes th	e current	vear			/Con other eide	o for information	
11. This corporation owes the current year Intangible Personal Property Tax due June 30.						on intan	gible tax.)	
	<del></del>				□ No Ø			
12. I certify that I am this reinstatemen	an officer or director or the retapplication, the reason for o	ceiver or trustee e	empowered to execute in eliminated, the corpo	this application as p rate name satisfies	provided for in chap the requirements o	ter 607 or 617, F.S. I further f section 607.0401 or 617.04	certify that when filing 01, F.S., that all fees	
owed by the corp	oration have been paid and to is true and accurate, and m	he names of indivi	duals listed on this for	m do not qualify for	an exemption unde	r section 119.07(3)(i), F.S. T	he information indicated	
S. The application	, //	17	()					
					.11.			
SIGNATURE:	SIGNATURE AND TYPED OR	COLUMN TO THE CO	III	NECTAR	11/19/9	9 56/-2	89-222/	
	SIGNATURE AND TYPED OR	PRINTEL MAME UP	SIGNING OFFICER ON	unet I M	• 1	undin Mi	junior FIANTO W	