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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM
FILED
FORMARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 13 AM 8:03

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT 00

DOCUMENT # 614699

1. Corporation Name

ALLSTATE REALTY AND INVESTMENTS, INC.

2. Principal Office Address

10800 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 900

City & State

MIAMI, FL.

Zip

33161

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

3-2-1979

5. FEI Number

592133536

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

PATRICK J. KILLEN

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

6880 PINEHURST DRIVE

Suite, Apt. #, Etc.

City

MIAMI

State
FLZip Code
33015

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

REGISTERED AGENT MUST SIGN

Date 10-13-00

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
P	PATRICK J. KILLEN	6880 PINEHURST DRIVE	MIAMI, FL. 33015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

H00000054058 3

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

ALLSTATE REALTY AND INVESTMENTS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75