

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 29 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F010000002163**

1. Corporation Name

CONSOLIDATED REALTY, INC.

REINSTATEMENT 03-04

600034379066
04/28/04--01014--029 **900.00

2. Principal Office Address

250 PILOT RD.

3. Mailing Office Address

801 S. RAMPART BLVD.

Suite, Apt. #, etc.

STE. 300

Suite, Apt. #, etc.

STE. 200

City & State

LAS VEGAS, NEVADA

City & State

LAS VEGAS, NEVADA

Zip

89119

Country

USA

Zip

89145

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

04/24/01

5. FEI Number

88-0326676

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

NRAI SERVICES, INC.

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

526 E. PARK AVE.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Gale Smith-Camp
REGISTERED AGENT MUST SIGN

Date

4/19/04

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
PRES. DIR.	MICHAEL KAPLAN	801 S. RAMPART BLVD., STE. 200	LAS VEGAS, NV 89145
SR. V.P.	JAMES MONOYUDIS	5499 W. TROPICANA AVE.	LAS VEGAS, NEVADA 89103
V.P.	MARIA KALBER	250 PILOT RD., STE. 300	LAS VEGAS, NEVADA 89119
SEC. DIR.	LYNN RUTLEDGE	801 S. RAMPART BLVD., STE. 200	LAS VEGAS, NV 89145

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:

Lynn Rutledge

LYNN RUTLEDGE

702-967-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #