

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 AM 10:19

DOCUMENT #

F40432

1. Corporation Name

Whitney Mitchell R Realty, Inc.

2. Principal Office Address

One SE Third Avenue

3. Mailing Office Address

Same

Suite/Apt. #, etc.

11th Floor

Suite, Apt. #, etc.

Same

City & State

Miami, Fl.,

City & State

Same

Zip

33131

Country

USA

Zip

Same

Country

REINSTATEMENT 99-01

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

06/11 1981

5. FEI Number

592094289

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

Friedlander & Associates, PA

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

One SE Third Avenue,

Suite, Apt. #, Etc.

1101

City

Miami

10000448361-8

-07/20/01--01102--013

***1050.00 ***1050.00

State

FL

Zip Code

33131

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

Friedlander & Associates, PA

By Bruce D. Friedlander President

REGISTERED AGENT MUST SIGN

Date 6-21-01

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
D	Steven Reibel	One SE Third Avenue, 11th	Miami, Florida 33131
P/D	Timothy D. Pappas	One SE. Third Avenue, 11th	Miami, FL. 33131
S/T	Chris Sanchez	One S.E. Third Avenue, 11th	Miami, FL. 33131

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)(l), 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

6-25-01 305-371-3592

Date

Daytime Phone #

CR2E081 (8/00)