PLEASE READ /			OMPLETING THIS FORM.	
APPLICATION		TMENT OF STATE		
FOR	Sandra B. Mortham Secretary of State		CELED	
REINSTATEMENT	DIVISION OF CORPORATIONS			
DOCUMENT # F45087			99 MAR 18 PM 4: 45	
1. Corporation Name Realty Corporation			SHORELLEY OF STATE	
Newmer Realty Conformation			TALUATI DELLE I LORIDA	
Charlest Bloke of Dade to co	Mailing Address FDT 6	est Trace	0.1.	
Cla Litwer			VID .	
13300 170 1				<b>~</b>
Landerhill, Fl 33319 Lauderhill, Fla 33319			REINSTATEMENT 92-99	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified	
uite, Apt. #, etc. Suite, Apt. #, etc.		To Do Business in Florida 9/1/8/		
ity & State City & State		5. FEI Number 5 9 - 2198085	Applied For Not Applicable	
	Zip Country		6. \$8.7	5 Additional Fee required
			<u> </u>	or a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at leas  Name of Officers Street Address of Each			n	de / Tre
Title(s) and/or Directors  Officer and/or Directors			Numbers) 4	
D, P Raye News		NW 69th A	ive Lauderhill, F1	33319
	i Clo L	itwer	/ i. \\11 #	
S, T Herbert Newman 5500 NW 69th Ave Lauderhill, Fl 33319				
D Madelyn Herman 5500 NW 69th Ave Lauderhill, F1 33319				
- Inwest	<u> </u>	212*. 97		
			1 0000028214 -03/29/99010	.91:9 200
				***1800.00
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent				
Name				
Florida Reg. Agents Inc.  [Centrust Financial Center 2101 Corporate Blud.				
I Suite Art # Fire U				
Ind S.E. and Stree!				
miam, F1 33/3/ 10. I, being appointed the registered agent of the	ove named corporation, am fi	amiliar with and accept the c	bbligations of Section 607.0505, F.S.	1.33937
Signature of President Date 3/16/49				
R	E CHSTARED AGENT MUST			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  Yes No  No  (See other side for information on intangible tax.)				
12. 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				
this reinstatement application, the reason for diss owed by the corporation have been paid and the on this application is true and accurate, and my s	names of individuals listed or	n this form do not qualify for	an exemption under section 119 07(3)(i), F.S. 1	he information indicated
On this application is true and according and thy s		<b>J</b>	. 1	
SIGNATURE: Paye N	ouman		3/10/99 51	6 623-3483
SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OFF	ICEA OR DIRECTOR	Date Da	nytime Phone #

SIGNATURE: DUMMENTURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUYE NEW MAN