PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 26 PM 2:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000002130

1. Corporation Name

PINELLAS REALTY CORP.

Principal Place of Business: P.O. BOX 164

Mailing Address: ALBERTSON, NY 11507

If above addresses are incorrect in any way, line through incorrect information and enter correction below

REINSTATEMENT 96cw

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt #, etc.
City & State
Zip
Country

3. New Mailing Address, If Applicable: 301 YAMATO ROAD
Suite, Apt #, etc.: SUITE 2198
City & State: BOCA RATON, FL
Zip: 33431
Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business in Florida: 6/1/86

5. FEI Number: 06-1191157 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCD	JAY J. RADDOCK	350 S. OCEAN BLVD.	BOCA RATON, FL 33432

100002041111--1
-12/30/96--01041--011
****375.00 ****375.00

8. Name and Address of Current Registered Agent

COREY E. LEVINE, CPA
301 YAMATO ROAD
SUITE 2198
BOCA RATON, FL 33431

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, Etc.
City | State FL | Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: CPA — REGISTERED AGENT MUST SIGN — Date 12/23/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: JAY J. RADDOCK — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 12/23/96 — Daytime Phone # 561-368-2840

CR2E040 (12/95)