

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003398

1. Corporation Name

GFI REALTY SERVICES, INC.

Principal Place of Business

50 BROADWAY, SIXTH FLOOR
NEW YORK NY 10004

Mailing Address

50 BROADWAY, SIXTH FLOOR
NEW YORK NY 10004

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/1993

5. FEI Number

13-3697224

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PS	GROSS, EDITH	50 BROADWAY, SIXTH FLOOR	NEW YORK NY 10004
VP	EISNER, ABRAHAM	50 BROADWAY, SIXTH FLOOR	NEW YORK NY 10004
T	KARLSSON, LEIF	50 BROADWAY, SIXTH FLOOR	NEW YORK NY 10004
T	CUTCELLI, JOHN	50 BROADWAY, 6 th floor	NEW YORK, NY 10004

8. Name and Address of Current Registered Agent

JOSEPH, JERRY
100 GOLDEN ISLES DRIVE
SUITE 1204
HALLANDALE FL 33009

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED
ABRAHAM EISNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02



An Affiliated Company of GFI Capital Resources Group Inc.
50 Broadway, New York, NY 10004
Tel: (212) 668-1444
Fax: (212) 668-1655

October 25, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

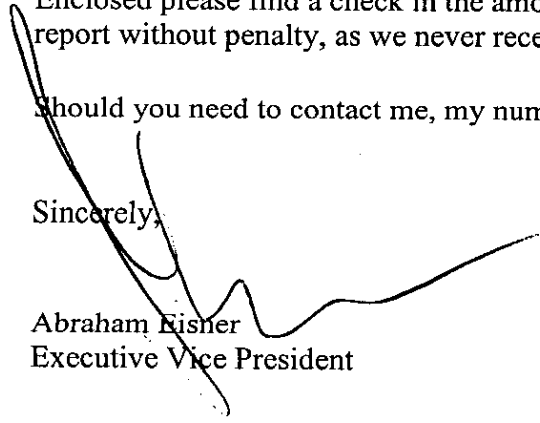
Re: GFI Realty Services, Inc.
FEI #13-3697224

To whom it may concern:

Enclosed please find a check in the amount of \$150.00, the reinstatement fee to file the report without penalty, as we never received the reports necessary to file.

Should you need to contact me, my number is (212) 837-4641. Thank you.

Sincerely,



Abraham Eisher
Executive Vice President