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DOCUMENT #       F95000000619         1. Corporation Name       REALMARK PROPERTIES, INC.         Principal Place of Budiness       250 N FOREST R0         220 N FOREST R0       250 N FOREST R0         230 N FOREST R0       250 N FOREST R0         24 Number Goldrage Address, if Applicable       3. Units Addresse, if Applicable         2 Number Addresse are incorrect in many way, line brough incorrect information and enter consection basine       10. Hill States 3 directore         2 Number Addresse of Each Officer address, if Applicable       5. FBI Number       10. Hill Issael 3 directore)         2 Number Addresse of Each Officer address of Country       20       Country       20         2 Number Addresse of Each Officer address of Country       200 State       10. Hill Issael 3 directore)       10. Hill Issael 3 directore)         2 Number and Street Addresse of Each Officer address of Country       200 State       200 Country       10. Only / State / Zp         2 Number and Street Addresse of Country Addresse       200 N FOREST ROAD, SUITE 21B       GETZMLE NY 14068         3 COLMERAUER, MICHAEL </th <th>AP</th> <th></th> <th>FLORI</th> <th></th> <th></th> <th></th> <th>S14 1714</th> <th></th>	AP		FLORI				S14 1714	
DOCUMENT #       F95000000619         1. Corporation Name       REALMARK PROPERTIES, INC.         Principal Place of Budiness       250 N FOREST R0         220 N FOREST R0       250 N FOREST R0         230 N FOREST R0       250 N FOREST R0         24 Number Goldrage Address, if Applicable       3. Units Addresse, if Applicable         2 Number Addresse are incorrect in many way, line brough incorrect information and enter consection basine       10. Hill States 3 directore         2 Number Addresse of Each Officer address, if Applicable       5. FBI Number       10. Hill Issael 3 directore)         2 Number Addresse of Each Officer address of Country       20       Country       20         2 Number Addresse of Each Officer address of Country       200 State       10. Hill Issael 3 directore)       10. Hill Issael 3 directore)         2 Number and Street Addresse of Each Officer address of Country       200 State       200 Country       10. Only / State / Zp         2 Number and Street Addresse of Country Addresse       200 N FOREST ROAD, SUITE 21B       GETZMLE NY 14068         3 COLMERAUER, MICHAEL </td <td>DEIN</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td>SHURE TARY OF</td> <td>STATE</td>	DEIN				-		SHURE TARY OF	STATE
1. Colporation Name REALMARK PROPERTIES, INC. Principal Place of Business REALMARK PROPERTIES, INC. Principal Place of Business REALMARK PROPERTIES, INC. Principal Place of Business Real Street State Sta					IONS	-	PAISION OF CORP.	DRATION
Principal Place of Business  220 N FOREST RD SUIF 12  25  25  25  25  25  25  25  25  25			000006	519			99 NOV -3 PM	1:12
280 N FOREST RD       250 N FOREST RD         SUITE 12A       GETZNLLE NY HOEB         US       US         If above abdresses are incorrect in any way, line httory incorrect information and enter correction below.       If is the production of the abdress in the information incorrect information and enter correction below.         21 New Principal Office Address, If Applicable       3. New Mailing Office Address, If Applicable       If Dets Incorrect of counting         22 New Principal Office Address, If Applicable       3. New Mailing Office Address, If Applicable       If Dets Incorrect of counting         20 None and Street Addresses of Each Officer and/or Director (Fords nonprofit coorparation must list at least 3 directore)       If Dets Incorrect of Street Address of Each Officer and/or Director (Fords nonprofit coorparation must list least 3 directore)       If Dets Incorrect of Street Address of Each Officer and/or Director (Fords nonprofit coorparation must list least 3 directore)       If Dets Incorrect of Street Address of Each Officer and/or Director         7. Names and Street Address of Cach Officer and/or Director       3       City / State / Zp         7. Names and Address of Current Registered Agent       8       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 218       GETZAILE NY 14088         VD       JAYSON, JUDITH P       2350 N. FOREST ROAD, SUITE 218       GETZAILE NY 14088       DO D	REAL	MARK PROPERTIES, I	NC.					
GETZALLE NY 14088     GETZALLE NY 14088     US	Principal P	Place of Business	Mailing Add	iress		{		
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2 New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Price Decomposed or Counted or Counte	GETZVILLE NY 14068 GETZVILLE I							
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City & State     C							orated or Qualified	
City & State       Country       City & State       16-14 11399       Not Applicate         Stop       Country       Zip       Dountry       8.       CERTIFICATE OF STATUS DESIRED       57.5 Addition of dial of the dial	Suite, Apt.	#, etc.	Suite, Apt. i	¥, etc.	······		······································	
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Title(s)       Name of Officers and/or Directors       3       Street Address of Feach Officer and/or Director       4       City / State / Zp         PTD       JAYSON, JOSEPH M       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         VD       JAYSON, JUDITH P       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZALE NY 14058         <	Žip	Country	Zip	Country			E OF STATUS DESIRED D S8 75 Addition at free (equination of Status	
Title(s)       and/or Directors       City / State / Zip         PTD       JAYSON, JOSEPH M       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         VD       JAYSON, JUDITH P       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       Colmerant Address of Current Registered Agent       9. Name and Address of New Registered Agent         1200 SOUTH PINE ISLAND ROAD       Suite, Apt. #, Etc.       City	. Names		and/or Director (F					
VD       JAYSON, JUDITH P       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 21B       GETZVILLE NY 14068         D <t< td=""><td>Title(s)</td><td>and/or Directors</td><td></td><td>Officer</td><td>Address of Each and/or Director</td><td>1</td><td colspan="2">City / State / Zip</td></t<>	Title(s)	and/or Directors		Officer	Address of Each and/or Director	1	City / State / Zip	
S       COLMERAUER, MICHAEL       2350 N. FOREST ROAD, SUITE 218       GETZVILLE NY 14068         GETZVILLE NY 14068	PTD	JAYSON, JOSEPH M	2350 N. FOREST R			· · · · · · · · · · · · · · · · · · ·		
C. LATEL NT 1900     Control of the registered Agent     C. T. CORPORATION SYSTEM     1200 SOUTH PINE ISLAND ROAD     PLANTATION FL 33324     C. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Instruct of         Generation of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Instruct of         Generation of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Instruct of         Generation of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.     Instruct of         Registered Agent         L 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 eliminates of individual is listed on this form do not qualify for an execution 118, 073,0401, F.S., that all fees         more and address of address of address of a corporation indiced         the regulatement application, the reason for dissolution has been eliminates of individual is listed on the form do not qualify for an execution 118, 073,0401, F.S. the information indiced         the regulatement application is provided for in chapter 607 or 617, F.S. I further certify that when filing         this reinstatement application is form do not qualify for an execution 118, 073, 0401, F.S. The information indiced         the regulatement application indiced         the regulatement application indiced         the regulatement application indiced         and the names of individual is lised on the	VD	JAYSON, JUDITH P 2350 N. FO			ROAD, SUITE 21B GETZVILLE NY 14068			
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C T CORPORATION SYSTEM         1200 SOUTH PINE ISLAND ROAD         PLANTATION FL 33324         Suite, Apl. #, Etc.         City         State         If plant         0. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.         Ignature of egistered Agent         Least Intervent Agent         A REGISTERED AGENT MUST SIGN							Rung	ø
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lignature of legistered Agent       Lo - 29 - 99         Iterify 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)(b), F.S. The information indication is formed to an exemption under section 119.07(3)(b), F.S. The information indication of 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)(b), F.S. The information indication indication is the reason for dissolution for the form the corporation have been paid and the names of individuals listed on the form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indication for the reason for dissolution formation have been paid and the names of individuals listed on the form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indication for the paid of the corporation formation for the paid of the corporation for the paid of the corporation formation for the paid of the corporation for the paid of the corporation for the paid of the corporation formation for the paid of the corporation for the paid of the corporation for the paid of the paid of the corporation for the paid of the corporation for the paid of the corporation for the paid of the paid of the paid of the paid of the corporation for the paid of the					•			Zip Code
Begistered Agent Date Date Date Date Date Date      REGISTERED AGENT MUST SIGN      1. 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 indicate			above named corr	constion, em familier with a	nd accept the ol	bligations of Section	on 607.0505, F.S.	
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on this application is true and accurate, and my signature shall have the same legal effect as if made under onth.	this reir owed b	nstatement application, the reason for c by the corporation have been paid and I	lissolution has bee the names of Indivi	n eliminated, the corporate iduals listed on this form de	name satisfies o not qualify for	the requirements an exemption unc	of section 607.0401 or 617.0401	I. F.S., that all fees
SIGNATURE: Malue Comment Hichael J. Colmerauer 10/27/99 (716) 636-02		ALADI	Pen		ichael J		uer 10/27/99 (	716) 636-020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			DOINTED MANE	RIGHING OFFICER OF STOR	070B		D-1-	