

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

97 DEC -8 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G60615

1. Corporation Name
REALTY ASSOCIATES INTERNATIONAL, INC.

Principal Place of Business
**1630 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305**

Mailing Address
**1630 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33305**



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

REINSTATEMENT *91*

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/21/1983	
City & State		City & State		5. FEI Number 59-2541208	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	GRAVENHOUST, PAUL S.	283 SABAL PALM TERRACE	BOCA RATON, FL 33432

000002368690--0
-12/10/97--01106--023
****750.00 ****750.00

JB 12-8-97

8. Name and Address of Current Registered Agent

**GRAVENHOUST, PAUL S
283 SABAL PALM TERRACE
BOCA RATON FL 33432**

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 *Paul S. Gravenhous*
REGISTERED AGENT MUST SIGN

Date **12/3/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes 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 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: *Paul S. Gravenhous*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/97 **954-564-8000**
Date Daytime Phone #

CR2E040 (8/97)