PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

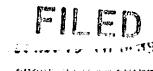
G88142

1. Corporation Name

ARM REALTY, INC.

Principal Place of Business

Mallino Address



SECRETARY OF STATE TALLAHASSEE, FLORIDA

2190 E. 11TH AVE HIALEAH FL 33013-4308			2190 E. 11TH AVE HIALEAH FL 33013-4308								
							REINS	TATEME	NT	(01)	
11 above addresses are incorrect in any way, line through incorrect information and enter 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if						orrection below.	<u> </u>	orated or Qualified		1	
						To Do Business in Florida 03/01/1984					
			1	Suite, Apt. #, etc.			5. FEI Number 59-2396696 Applied For		Applied For		
City & State			City & State				l	I N		Not Applicable	
Zip Country				Country		ļ	RTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names s	and Street Ad	dresses of Each Officer and Name of Officers	/or Director (Flo	rida nonprofit d							
Title(s)	and/or Directors			Street Address of Eac Officer and/or Directo 3 (Do NOT Uso Post Office Box			Numbers) 4 City / State / Zip				
PD	YAVNIELI, GURI			2190 E. 11TH AVE				HIALEAH FL			
STD	YAVNIELI, LOIS			2190 E. 11TH AVE			HIALEAH FL				
							90	00023 -11/21/9 ****750		559-5 1004-018 ****750.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent Name					
YAVNELI, GURI 2190 EAST 11 AVENUE HIALEAH FL						Street Address (P.O. Box Number Is Not Acceptable) Sulte, Apt. #, Etc.					
						City			State FL	Zip Code	
		e registered agent of the ab	<i>/</i>)	oration, am fam	niliar with	and accept the ol	bligations of Secti	on 607.0505, F.S.			
Signature of Registered Agent REGISTERED AGENT MUST SIGN							Date				
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.)											
this rein: owed by	statement app the corporati	officer or director or the rece blication, the reason for diss ion have been paid and the rue and accurate, and my s	olution has been names of Individ	eliminated, the uals listed on t	e corpora this form	ate name satisfies do not qualify for	the requirements an exemption und	of section 607.0401 o	r 617.040	01, F.S., that all fees	

Gymill.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/97

305-835-0101 Daylinic Phone #