

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H28258**

1. Corporation Name

Princeton Realty Services, Inc.

2. Principal Office Address - No P.O. Box #
12555 Orange Dr.

Suite, Apt. #, etc.
Suite 200

City & State
Davie, Florida

Zip
33330

Country
Broward

3. Mailing Office Address
2650 SW 130th Terr

Suite, Apt. #, etc.

City & State
Davie, Florida

Zip
33330

Country
Broward

REINSTATEMENT 03-07

4. Date Incorporated or Qualified
To Do Business in Florida **11/1/1984**

5. FEI Number
592540342

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Gary R. Grass

Street Address (P.O. Box Number is Not Acceptable)
2650 SW 130th Terr

Suite, Apt. #, Etc.

City
Davie, Florida

State
FL

Zip Code
33330

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **3/19/07**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
pres	Gary R. Grass	2650 SW 130th Terr	Davie, Florida 33330
vp	same	same	same
sect	same	same	same
treas	same	same	same

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04/05/07--01043--007 **750.00

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/07

Date

954-475-3965

Daytime Phone #