

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

98 JUN 16 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H49287

1. Corporation Name

Durante Realty, Inc

Principal Place of Business

Mailing Address

Lake Ida Plaza
600 N. Congress Ave, Suite 560
Delray Beach, FL 33445

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

300002566293-0

-06/19/98--01108--018

****908.75 ****908.75

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04-01-85

5. FEI Number

59-2780770

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	Durante, Charlotte	4165 NW 10th Street	Delray Beach, FL 33445

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TB 6/17

8. Name and Address of Current Registered Agent

Charlotte G. Durante
4165 NW 10th Street
Delray Beach, FL 33445

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 as the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Charlotte G. Durante

REGISTERED AGENT MUST SIGN

Date

6/15/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

See other side for information
on intangible tax.

12. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am a resident of the State of Florida and have been designated to execute this application as provided for in chapter 607, F.S. I further certify that when filing this application with the Department of State, the corporate name satisfies the requirements of section 607.0101, F.S. and that all the information provided on this form is true and accurate, and my signature and name are the same as used as it made on the application.

Charlotte G. Durante

6/15/98 FL-278-1891