

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 16 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H58407

1. Corporation Name

J.W. REALTY, INC.

2. Principal Office Address

3164 ARBOR LANE

Suite, Apt. #: etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

BROWARD

3. Mailing Office Address

3164 ARBOR LANE

Suite, Apt. #: etc.

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida** 5/22/85

5. FEI Number
65-0177237

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

MARTHA WEINBERG MALKA

Street Address (P.O. Box Number is Not Acceptable)

3164 ARBOR LANE

Suite, Apt. #: Etc.

City

HOLLYWOOD

State
FL

Zip Code

33021

8. By being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0405 or 617.0503, F.S.

Signature of
Registered Agent

Martha Weinberg Malka
REGISTERED AGENT MUST SIGN

Date 12/27/02

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
P, D	MARTHA WEINBERG MALKA	3164 ARBOR LANE	HOLLYWOOD, FLORIDA 33021

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 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:

Martha Weinberg Malka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA WEINBERG MALKA

Date

Daytime Phone #