

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 15 PM 4:38

DOCUMENT # **L31083**

1. Corporation Name

1025 REALTY CORP.

2. Principal Office Address

2200 S. OCEAN LANE

Suite, Apt. #, etc.

2203

City & State

FORT LAUDERDALE, FL.

Zip

33316

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

900016078209

04/15/03--01075--002 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/21/1989

5. FEI Number

65-0156722

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

MITCHELL T. KNOHL

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

2200 S. OCEAN LANE (#2203)

Suite, Apt. #, Etc.

2203

City

FORT LAUDERDALE

**State
FL**

Zip Code

33316

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

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.	MITCHELL T. KNOHL	2200 S. OCEAN LANE (#2203)	FORT LAUDERDALE, FL. 33316

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MITCHELL T. KNOHL - PRESIDENT

Date

Daytime Phone #

4/3/03

84-JR-0834

CR2E081 (9/00)

1025 realty corp.
2200 S.Ocean Lane (#2203)
Fort Lauderdale, Fl. 33316

April 4, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314
Attn: ReInstatement

Gentlemen:


Due to a change of address in year 2002, we did not receive our
"Annual Report" and thereby missing the filing.

We have completed the attached "Corporation Reinstatement" with
the proper check of \$300. (\$150ea.yr.) covering both year 2002 and
2003.

Appreciate your help in this matter.

Thank You.

Very Truly Yours,

✓ 
Mitchell T. Knohl
President

db:MTK

cc: Donald Braverman E.A.