

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L 55811

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

## DOCUMENT #

1. Corporation Name Vero Beach Realty Corp.

FILED  
00 SEP - 1 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Address 226 Seventh Street		3. Mailing Office Address 226 Seventh Street	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Garden City, NY11530		City & State Garden City, NY11530	
Zip 11530	Country USA	Zip 11530	Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida 3/80/905. FEI Number  
11-3053376Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street  
Suite, Apt. #, Etc.4000003386364--1  
-09/08/00--01075--016  
\*\*\*1650.00 \*\*\*1650.00

City Tallahassee State FL Zip Code 32301

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 AgentLynette Coleman  
REGISTERED AGENT MUST SIGN as its agent

Date 9/5/2000

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
	Francis E. Darcy, Pres	226 Seventh St	Garden City, NY11530
	Francis J. Darcy, VP	226 Seventh Street	Garden City, NY11530
	and Secretary		

REINSTATEMENT 94.00

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 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

294 7300  
8/31/00 516-~~516-516~~

Date

Daytime Phone #

CR2E061 (9/99)