

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR

~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -6 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # L58120

1. Corporation Name

LD REALTY, INC.

Principal Place of Business

2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-2209

Mailing Address

2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062-2209

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/1990

5. FEI Number

65-0190545

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DEMARCO, LOUIS F	4420 N.E. 25TH AVE.	FOR LAUDERDALE FL
PST	DEMARCO, LOUIS F.	4420 N.E. 25TH AVE.	FORT LAUDERDALE FL

300003473183-3
-11/21/00--01097--006
****150.00 ****150.00

8. Name and Address of Current Registered Agent

DEMARCO, LOUIS F
2213 E. ATLANTIC BLVD.
POMPANO BEACH FL 33062

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

Signature of
Registered Agent

[Signature] **SIGNATURE REQUIRED**

Date 11.3.00

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.3.00

Date

Daytime Phone #

CR2E040 (8/00)

2082

Florida Department of Revenue
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

November 1, 2000

Re: **Reinstatement of LD Realty Inc.**

Please note that I have not received any previous correspondence concerning the Uniform Business Report. I was advised by an examination officer to submit the application of reinstatement with an explanation and a check for \$150. Please note the enclosed check. I am asking that the penalty fees of \$600 be waived due to the fact that I have not received any previous correspondence.

Sincerely,



Louis Demarco, President