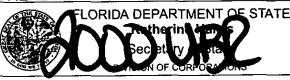
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR





L58120

1. Corporation Name

LD REALTY, INC.

Principal Place of Business

Mailing Address

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



FILED 00 NOV -6 PM 12: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA



_	ncipal Office Address, If Applicable	3. New Mail	3. New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 03/13/1990		
Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.		5. FEI Numb	5. FEI Number Applied For Not Applicab		
		City & State						
Zip	Country	Zip		Country	6. CERTIFICA	TE OF STATUS DESIRED 🔲 \$	8.75 Additional Fee rec for a Certificate of Sta	
. Names	and Street Addresses of Each Officer	and/or Director (FI	orida nonprofit	corporations must list a	t least 3 directors)			
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo			City / State / Zip		
D	DEMARCO, LOUIS F	EMARCO, LOUIS F		4420 N.E. 25TH AVE.		FOR LAUDERDALE FL		
PST	DEMARCO, LOUIS F.		4420 N.E. 25TH AVE.		FORT LAUDERDALE FL			
						*****!50.0	0 <u>****</u> 150.0	
8. Name and Address of Current Registered Agent				N.	Name and Address of New Registered Agent Name			
DEMARCO, LOUIS F 2213 E. ATLANTIC BLVD. POMPANO BEACH FL 33062				Street Addres	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
				City	<u> </u>		ate Zip Code	
10. I, bein	g appointed the registered agent of the	///						
Signature o		MIN R		QUIRE	<u>)</u>	Date 1/. 3.02		
J		REGISTERED A	GENT MUST	SIGN				

1. 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 507.0401 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:

SAMUALANCE REQUIRED

11,3.10

Date

Daytime Phone #



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

Tan T