

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 DEC -5 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L78914

1. Corporation Name  
**Professional Realty Investment Company, Inc.**

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable  
**P. O. Box 3595**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**P. O. Box 3595**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida  
**06/11/90**

5. FEI Number  
**65-0199189**

Applied For  
Not Applicable

City & State  
**Hallandale, FL 33008**  
Zip Country

City & State  
**Hallandale, FL 33008**  
Zip Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/VP/D	Clara Shpargel	29768 Farmbrook Villa Lane	Southfield, MI 48034

100002368641--2  
-12/10/97-01104-007  
\*\*\*1080.00 \*\*\*1080.00

REINSTATEMENT

G. Alan  
12/5/97

8. Name and Address of Current Registered Agent

**Michael H. Glusman**  
**3111 Stirling Road**  
**Suite C-302**  
**Fort Lauderdale, FL 33312**

9. Name and Address of New Registered Agent

Name  
**Richard G. Coker Jr., Esquire**  
Street Address (P.O. Box Number is Not Acceptable)  
**1318 Southeast 2nd Avenue**  
Suite, Apt. #, Etc.

City  
**Fort Lauderdale,** State  
**FL** Zip Code  
**33316**

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]*  
REGISTERED AGENT MUST SIGN

Date **10/30/97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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 taxes 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:

*Clara Shpargel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-16-97** **1-248-353-4116**  
Date Daytime Phone #

CR25040 (12/95)