## ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLEA
<b>APPLICATION</b>
<sup>1</sup> FOR
<mark>RE</mark> JNST <b>A</b> TEMEN'
OCUMENT #
Corporation Name



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L	86	09	2
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AMERIGROUP REALTY INC.

Principal	Place	of	Bus	ines:

C/O GUILLERMO FERNANDEZ 8005 S.W. 107 AVE., #218

Malling Address

C/O RE/MAX 11921 S. DIXIE HWY.

STE 201



FILED

98 MAY -1 PM 12: 11

SECTO FOR Y OF STATE TALLAHASSEL FLORIDA

MINAMI LE 9	3113		MIMMI FL 3313	o o					
US			US						
If above a	ddresses are i	incorroct in any way, line thro	ough incorrect info	ormation a	nd enter correction below.				
2. New Pri	ncipal <b>Off</b> ice A	ddress, If Applicable	3. New Mailing Office Address, If Applicable C/O AmeriGroup Realty		4. Date Incorporated or Qualified			06/14/1990	
C/O G	uiller	mo Fernandez			To Do Bus	To Do Business in Florida			
Suite, Apt.	, etc.		Suite, Apt. #, e	tc.					
	SW 98	ST	6401 SW	87 2	Ave #207	5. FEI Numb			Applied For
City & State			City & State				65-0208377		Not Applicable
Miami <sup>Zip</sup>	FL		Miami	<u>Fl</u>		6.	,	CD 76 Aut 412	onal Fee require
Zip 224.	76	Country	Zip		Country	CERTIFICA	TE OF STATUS DESIRED		icate of Status
331	70	USA	3317	3	<u>USA</u>				
7. Names i	and Street Add	dresses of Each Officer and/	or Director (Flori	da nonprof	it corporations must list at I	east 3 directors)			
Titie(s)	2	Name of Officers and/or Directors		3 (D	Street Address of Ea Officer and/or Direct NOT Use Post Office Box	ch or ( Numbers)	Ci	ity / State / Zip	
D FERNANDEZ, GUILLERMO		8005 SW 107TH AVE., 218		MIAMI FL					
				1037	5 SW 98 ST		MTami Fl.	33176	

Title(s)	and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	FERNANDEZ, GUILLERMO	8005 SW 107TH AVE., 218	MIAMI FL
		10375 SW 98 ST	MIami Fl, 33176
		ļ	
			3000025161987 -05/07/9801123003
<del></del>			****900 <u>.00</u> ****9 <u>00</u> .00
• •-			3000025161987
			-05/07/9801123004 *****8.75 ******8.75
	Name and Address of Current Pagist	ered Agent 9 Name 8	od Address of New Registered Agent

9. Name and Address of New
Name  Street Address (P.O. Box Number is Not Acceptable 10375 SW 98 ST Suite, Apt. #, Etc.

	HILAMI
0.	I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes	X	No	
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(See other side for information on Intangible tax.)

State Zip Code

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 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:

4/30/98

Guillermo Fernandez

305-275-4525