

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



**FILED**  
 98 MAY -6 PM 3:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # M50018**

1. Corporation Name  
**INCOMREAL CORPORATION**

Principal Place of Business Mailing Address

**4225 W 16TH AVE 4225 W 16TH AVE**  
**HIALEAH FL 33012 HIALEAH FL 33012**

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



**REINSTATEMENT 97-98**

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **04/09/1987**

5. FEI Number **59-2813316** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	<del>FRANCIS</del> JORGE RAMOS	<del>5745 S.W. 80TH STREET</del> 4225 WEST 16 AVE	MIAMI-FL HIALEAH-FLA 33012
TD	RAMOS, JORGE	5745 S.W. 80TH STREET 4225 WEST 16 AVE	MIAMI-FL HIALEAH-FLA 33012

300002521763-6  
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 \*\*\*\*908.75 \*\*\*\*908.75

8. Name and Address of Current Registered Agent

**RAMOS, JORGE**  
**4225 WEST 16 AVENUE**  
**HIALEAH FL 33012**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City State Zip Code

**FL**

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 REGISTERED AGENT MUST SIGN Date **4-24-98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 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: **JORGE RAMOS** Date **4-24-98** Daytime Phone # **(305) 821-4461**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/97)