

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000002016

1. Corporation Name

DADE REALTY INC.

Principal Place of Business

10115 SW 72ND ST.  
MIAMI FL 33173

Mailing Address

10115 SW 72ND ST.  
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

9778 S.W. 24 Street

3. New Mailing Office Address, If Applicable

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State

Zip  
33165

Country  
Dade

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/2000

5. FEI Number

65-0973686

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTD	ECHEVARRIA, GUIDO A	8743 SW 114 PLACE	MIAMI FL 33173
VSD	MONZON, EFRAIN	3421 SW 89 COURT	MIAMI FL 33165

8. Name and Address of Current Registered Agent

MONZON, EFRAIN  
3421 SW 89 COURT  
MIAMI FL 33165

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-12-02

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.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EFRAIN Monzon

Date

Daytime Phone #

305-  
225-8700  
11-12-02

CP2ED040 (8/02)