

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Glenda E. Hood</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P00000002016</b>			
1. Corporation Name <b>DADE REALTY INC.</b>			
Principal Place of Business <b>9778 SW 24 STREET MIAMI FL 33165</b>		Mailing Address <b>9778 SW 24 STREET MIAMI FL 33165</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <b>01/06/2000</b>	
		5. FEI Number <b>65-0973686</b>	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
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	4 City / State / Zip
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 <b>MONZON, EFRAIN 3421 SW 89 COURT MIAMI FL 33165</b>		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 <b>FL</b>	
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  Date <b>4/22/04</b> REGISTERED AGENT MUST SIGN			
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04



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06/02/04--01018--005 \*\*150.00

200034210032  
04/28/04--01006--003 \*\*750.00

CR2E040 (7/03)