

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000034798

1. Corporation Name

TWO COUNTRIES REALTY, INC.

Principal Place of Business

707 PONCE DE LEON BLVD.
SUITE 223
CORAL GABLES FL 33134

Mailing Address

707 PONCE DE LEON BLVD.
SUITE 223
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

9362 NW 121TH ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

9362 NW 121TH ST.

Suite, Apt. #, etc.

City & State

Hialeah GARDEN, FL.

Zip

33018

Country

City & State

Hialeah GARDEN, FL.

Zip

33018

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2000

5. FEI Number

65-0996149

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	4 City / State / Zip
P/V/S/T D	PEDRO A. ALFONSO	9362 NW 121TH ST.	Hialeah GARDEN, FL. 33018

000004706850--7
12/05/01 01005 019
*****750.00 *****750.00

REINSTATEMENT 01

8. Name and Address of Current Registered Agent

IGLESIAS, MAYTE
707 PONCE DE LEON BLVD.
SUITE 223
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
PEDRO A. ALFONSO

Street Address (P.O. Box Number is Not Acceptable)
9362 NW 121TH ST.
Suite, Apt. #, Etc.

City
Hialeah GARDEN

State
FL

Zip Code
33018

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/06/2001

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 PEDRO A. ALFONSO

Date

11/06/2001

Daytime Phone #

305-267-2555