

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000041526**

1. Corporation Name

**REAL ESTATE INVESTMENT ADVISORS, INC.**

Principal Place of Business

2055 WOOD STREET  
SUITE 215  
SARASOTA FL 34237

Mailing Address

2055 WOOD STREET  
SUITE 215  
SARASOTA FL 34237

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

04/25/2000

5. FEI Number

65-1005136

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	DRAGASH, DANIEL D	1241 SOUTH VIEW DRIVE	SARASOTA FL 34242

588023968885  
10/21/03--01058--007 \*\*150.00

8. Name and Address of Current Registered Agent

~~WALLACK, MICHAEL M. ESQ.~~  
~~27 FLETCHER AVENUE~~  
~~SARASOTA FL 34237~~

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

REGISTERED AGENT MUST SIGN

Date

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 #

CR2E040 (7/03)

DAN DRAGASH

(Toll Free) 877/627-5065 • FAX: 941/346-1698 • MOBILE: 239/994-8512 • E-MAIL: r.reinvadv@verizon.net



real estate INVESTMENT ADVISORS, inc.

P.O. BOX 5828

SARASOTA, FL

34277-5828

October 11, 2003

DIVISION of Corporations  
ANNUAL Report/Reinstatement

PO BOX 6327

Tallahassee, FL 32314-6327

Gentlemen -

Please accept this letter as my "affirmation"  
that I DID NOT receive prior UBR notices.

Thank you for your consideration.

Sincerely,

Dan D Dragash  
President

AFFILIATES

RODERICK DEVELOPMENT/INVESTMENT CO., INC.  
RD/I CO. - THE APARTMENT PEOPLE  
WESTRIDGE/ILLINOIS REALTY & MANAGEMENT CO. INC.  
RESIDENT OWNED COMMUNITIES