

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000047075

1. Corporation Name

FIRST RATE REAL ESTATE INVESTMENTS, INC.

Principal Place of Business

1180 NE 202ND STREET
NORTH MIAMI BEACH FL 33179

Mailing Address

1180 NE 202ND STREET
NORTH MIAMI BEACH FL 33179

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

2. New Principal Office Address, If Applicable

~~1207 N.W. 76 TERRACE~~

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

HOUSTON, TX

Zip

33023

Country

USA

3. New Mailing Office Address, If Applicable

~~1207 N.W. 76 TERRACE~~

Suite, Apt. #, etc.

SAME AS ABOVE

City & State

HOUSTON, TX

Zip

33023

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/2000

5. FEI Number

65-1105082

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
PD	VALLE, MARIA L	1180 NE 202ND STREET	NORTH MIAMI BEACH FL 33179
STP P	RAND, ADAM	1180 NE 202ND STREET	NORTH MIAMI BEACH FL 33179

8. Name and Address of Current Registered Agent

RAND, ADAM

1180 NE 202ND STREET

NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name

ANDREW RAND

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

8340 SW 41ST ST

Suite, Apt. #, Etc.

City

DAVIE FL

State

FL

Zip Code

33328

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]

REGISTERED AGENT MUST SIGN

800007853548--3

09/19/02--01082--003

***900.00 ***900.00

Date 9/19/02

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)(f), 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:

Adam Rand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/02

Date

Daytime Phone #

454 954-987
2950751 7475

CR2E040 (8/01)