

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -7 PM 2:42

TALLAHASSEE, FLORIDA

DOCUMENT # P00000069845

1. Corporation Name

Admiral Realty Corp.

2. Principal Office Address

7100 Sunset Way

Suite, Apt. #, etc.

PH-1

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

3. Mailing Office Address

1065 Russell Street

Suite, Apt. #, etc.

PH-1

City & State

Franklin Square, NY

Zip

11010-2603

Country

USA

**4. Date incorporated or Qualified
To Do Business in Florida**

07/27/00

5. FEI Number

59-3664463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Monica A. Martin

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

7100 Sunset Way

Suite, Apt. #, Etc.

PH-1

City

St. Pete Beach

State

FL

Zip Code

33706

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Monica A. Martin

REGISTERED AGENT MUST SIGN

Date

2-26-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Monica A. Martin	7100 Sunset Way PH-1	St. Pete Beach, FL 33706
S	Donna M. Martin	14 Rhoda Street	West Hempstead, NY 11552
T	Patricia E. Mirabile	1065 Russell Street	Franklin Square, NY 11010

10. 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:

Monica A. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-05

Date

Daytime Phone

CR2E081 (01/05)