

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000083926

1. Corporation Name

MIZRACH REALTY ASSOCIATES, INC.

Principal Place of Business

2399 NW 2ND AVE
MIAMI FL 33127

Mailing Address

2399 NW 2ND AVE
MIAMI FL 33127

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2000

5. FEI Number

65-1037120

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
D	MIZRACH, LARRY	2399 NW 2ND AVE	MIAMI FL 33127

8. Name and Address of Current Registered Agent

MIZRACH, LARRY
2399 NW 2ND AVE
MIAMI FL 33127

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/14/01

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 REQUIRED LARRY MIZRACH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/01 305 573-2941

Daytime Phone #

CR2040 (801)

Myerwitz

10/14/01

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To whom it may concern



I am writing you for the 3rd time to get my corporation reinstated. Enclosed is a copy of my first letter of July 5, 2001. I sent you a second letter on August 2, 2001 once again requesting my status.

When my check was cashed, a copy of which is enclosed, I assumed everything was in order. I am also enclosing my application for reinstatement. Please let me know my status in order to clear this matter up once and for all.

Sincerely

LANNY MIZRACH