

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION
2001 UBP
FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 17 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P 00000114308

1. Corporation Name

NEW AMERICA REAL ESTATE, INC.

2. Principal Office Address

11335 SW 69 LN

3. Mailing Office Address

11335 SW 69 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/13/00

5. FEI Number

65-1061062

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

ARIF AMIRALI

100004745471-4

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

11335 SW 69 LN

-12/31/01--01080--020

***150.00 ***150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33173

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/5/01

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
PD	ARIF AMIRALI	11335 SW 69 LN	MIAMI / FL / 33173

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/5/01

Daytime Phone #

305 962 2631