

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 13 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003413

1. Corporation Name

2% REALTY, INC.

Principal Place of Business

3298 STIRLING RD  
HOLLYWOOD FL 33021

Mailing Address

3298 STIRLING RD  
HOLLYWOOD FL 33021

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

01/05/2001

5. FEI Number

65-0263819

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ELIEZER BOTTON	4880 SW 37 Terr. Hollywood	Hollywood FL, 33312

800010193168  
01/17/03--01085--003 \*\*908.75

8. Name and Address of Current Registered Agent

STERN, TAMMY  
3298 STIRLING RD  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

BOTTON, ELIEZER

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

3298 STIRLING RD.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

 SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

01/08/03

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/08/03 954  
987-1000

CR2E040 (8/02)