

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000006693

1. Entity Name
DIXIE REALTY GROUP, INC.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2025 N. DIXIE HWY
POMPANO BEACH, FL 33060

Mailing Address
1941 N. DIXIE HWY
POMPANO BEACH, FL 33060

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
2240 No. Federal Hwy
D

Suite, Apt. #, etc.

Suite, Apt. #, etc.
D

10302008 REIN-P CR2E098 (1/07)

City & State

City & State
Pompano Beach

4. FEI Number
65-1068636

Applied For
Not Applicable

Zip

Country

Zip
33062

Country
Broward

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLANGELO, ANTHONY
1941 N. DIXIE HWY
POMPANO BEACH, FL 33060

Name

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

2240 No. Federal Hwy (#D)

City

Pompano Beach

FL

Zip Code

33062

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/30/08

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME COLANGELO, ANTHONY
STREET ADDRESS 1941 N. DIXIE HWY 2240 N. FEDERAL HWY #D
CITY - ST - ZIP POMPANO BEACH, FL 33060 33062

TITLE ☐ Change ☐ Addition
NAME 500137582685
STREET ADDRESS 11/03/08-01073-019 **150.00
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/08

Day/Time Phone #

(954)298-8979