

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
024BR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 24 AM 8:01

DOCUMENT # P01000025603

1. Corporation Name

WESTON REALTY OF BROWARD INC.

Principal Place of Business

2392 PHEASANT LANE
WESTON FL 33327

Mailing Address

2392 PHEASANT LANE
WESTON FL 33327

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

03/08/2001

5. FEI Number

65-1092210

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DPVS

GALANTE, LISA

2392 PHEASANT LANE

WESTON FL 33327

T

GALANTE, LISA

2392 PHEASANT LANE

WESTON FL 33327

900009651879
12/24/02--01008--012 **150.00

8. Name and Address of Current Registered Agent

GALANTE, LISA
2392 PHEASANT LANE
WESTON FL 33327

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/19/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/19/02 954-217-3936

CR2040 (8/02)

JAMES K. TILBROOK
Certified Public Accountant
1881 N.E. 26 STREET, SUITE 223
FORT LAUDERDALE, FLORIDA 33305
TELEPHONE (305) 568-4700
FAX (305) 568-4700

December 19, 2002

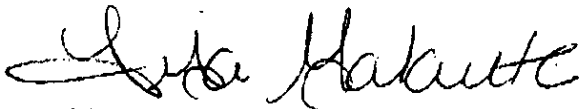
DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE FL 32314-6327

TO WHOM IT MAY CONCERN:

Please find enclosed an application for reinstatement and a check for \$150.00. This notice was the first notice received for this corporation. Please waive all penalties and reinstate this corporation as soon as possible.

Thank you for your prompt attention to this matter.

Very truly yours,



Lisa Galante

Enc (2)