

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000048474

1. Corporation Name

CUMBERLAND REALTY COMPANY

2. Principal Office Address - No P.O. Box #

2700 N. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 130

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

USA

3. Mailing Office Address

2700 N. MILITARY TRAIL

Suite, Apt. #, etc.

SUITE 130

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

USA

7. Name and Address of Current Registered Agent

Name

MARK B. GOLDSTEIN, ESQUIRE

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

2700 N. MILITARY TRAIL, SUITE 130

Suite, Apt. #, Etc.

SUITE 130

City

BOCA RATON, FLORIDA

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date **8/28/2009**

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
DPST	Mark B. Goldstein	2700 N. Military Trail, Suite 130	BOCA RATON, FL 33431

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 contained in Chapter 119, 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:

Mark B. Goldstein

8/28/09

561 989-9955

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 SEP -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500160304755
09/03/09--01031--013 **1050.00

REINSTATEMENT

CR2E081*(12/08)

0209

4. Date Incorporated or Qualified To Do Business in Florida

05/15/2001

5. FEI Number

☒ **Applied For**

☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ **The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.**