

1072
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB 27 AM 8:00

DOCUMENT # PO1000075840

1. Corporation Name

Lee maloff Realty, Inc.

2. Principal Office Address

3814 SW 8 street

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip

33134

Country

Dade

3. Mailing Office Address

3814 SW 8 street

Suite, Apt. #, etc.

City & State

Coral Gables FL

Zip

33134

Country

Dade

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/13/03 01031 002 *150.00
7/30/01

5. FEI Number

650832114

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

Juan J Piles

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

7270 NW 12 street

Suite, Apt. #, Etc.

545

City

miami

State

FL

Zip Code

33126

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]

Date

2/26/04

REGISTERED AGENT MUST SIGN

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
<u>ANST</u>	<u>Elizabeth L maloff</u>	<u>3814 SW 8 street</u>	<u>Coral Gables, FL 33134</u>

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305)444-6692

Daytime Phone #

CR2E081 (01/04)

MAR-01-2004 MON 11:14 AM

FAX NO. 3054488220

P. 02

282



LEE MALOFF
REALTY, INC

3814 SW 8th Street Coral Gables, FL 33134
Phone: (305) 444-6692 Fax: (305) 448-8220

March 1, 2004

Ref: Annual Report

To Whom It May Concern:

This letter is in regards to the 2003 annual report. Please be aware that we never received any correspondence from you regarding any report or dissolution. After being advised by my accountant that our corporation shows inactive with the Division of Corporations, I noticed that the address is incorrect.

We have moved. Please update in your system our business address; we are now located at 3814 SW 8 Street Coral Gables, FL 33134.

Please waive the reinstatement fee. I sent a check of \$150.00 for this year's annual report and reinstatement form to Ms. Ruby Dunlap. If you have any questions, please don't hesitate to give me a call. Thank you for your attention regarding this matter.

Truly Yours,

Elizabeth Lee Maloff