PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN -7 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 02WS0

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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-06/19/02--01082--010
****150.00 ****150.00

DOCUMENT # P01000081233

1. Corporation Name
Cornerstone Realty Associates, Inc.

2. Principal Office Address	3. Mailing Office Address
8527 Pines Blvd	8527 Pines Blvd.
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State Pembroke Pines	City & State Pembroke Pines
Zip 33024 Country Broward	Zip 33024 Country Broward

4. Date Incorporated or Qualified To Do Business in Florida Aug. 17, 2001

5. FEI Number 65-1139557 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Dinorah Leon
Street Address (P.O. Box Number is Not Acceptable): 8527 Pines Blvd.
Suite, Apt. #, Etc.: 205
City: Pembroke Pines State: FL Zip Code: 33024

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: D. Leon Date: 6/5/02
REGISTERED AGENT MUST SIGN

CR2E061 (8/01)

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
President	Dinorah Leon	2001 Atlantic Shores #106	Hallandale Bch, FL 33009

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: D. Leon 6/5/02 954-436-9123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #