

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000091888

1. Corporation Name

AQUILA COMMERCIAL REALTY CORP.

Principal Place of Business

3111 N UNIVERSITY DR STE 725
CORAL SPRINGS FL 33065

Mailing Address

3111 N UNIVERSITY DR STE 725
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/19/2001

5. FEI Number

65-1143644

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	THOMAS P. WEBER	14369 69 Dr N. Palm Beach Gardens FL 33418	

8. Name and Address of Current Registered Agent

WEBER, THOMAS P
3111 N UNIVERSITY DR STE 725
CORAL SPRINGS FL 33065

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 REQUIRED~~

REGISTERED AGENT MUST SIGN

Date 10/23/02

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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/02

Daytime Phone #

954-
340-
8120

CR2E040 (8/02)



20f2

Aquila Property Company, Inc.
3111 N. University Dr., Suite 725
Coral Springs, Florida 33065
Ph: (954) 340-0120 * Fax: (954) 340-0420

October 23rd, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Regarding: Aquila Commercial Realty Corp., Document # P01000091888

Dear Division of Corporations:

Attached is our application for reinstatement for Aquila Commercial Realty Corp.. Please be advised that we did not receive the rejection letter dated 03/06/02 for Aquila Commercial Realty Corp. Consequently the corporation did not know that it had been administratively dissolved.

My understanding is that Aquila Commercial Realty Corp. has filed the 2002 Uniform Business Report in a timely manner and the corporation has paid its fee timely. The only reason for the dissolved status is that you are missing the FEI# for the corporation.

Therefore, please be advised that we wish to be reinstated and that **THE FEI# FOR AQUILA COMMERCIAL REALTY CORP. IS: 65-1143644**. Also, I ask that you please waive any penalty to the corporation as a result of this matter.

Please call me at 954-340-0120 if you should have any questions.

Regards,

Thomas P. Weber
President
Aquila Commercial Realty Corp.

CC: File