

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

03 MAR -4 PM 5:06

DOCUMENT #

1. Corporation Name

FASTRAC REALTY, INC.

PO1000103214

2. Principal Office Address

842 1ST. STREET

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

842 1ST. STREET

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2001

5. FEI Number

NONE

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

RAMOS, MAXIMO

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

842 1ST. STREET

Suite, Apt. #, Etc.

—

City

MIAMI BEACH

State

FL

Zip Code

33139

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

2/28/2003

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
P.O.P. Sec.	Maximo Ramos	842 Commerce St	Miami Beach, FL, 33139

500013346505
03/04/03--01011--002 **300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2003

Date

305-532-7193

Daytime Phone #

CR2E081 (10/02)