

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 27 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104374

1. Corporation Name

FMS Realty, Inc.

2. Principal Office Address

1301 101 Street

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL

Zip

Country

33154

U.S.

3. Mailing Office Address

1301 101 Street

Suite, Apt. #, etc.

City & State

Bay Harbor Islands, FL

Zip

Country

33154

U.S.

REINSTATEMENT 02-04

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

10/26/2001

5. FEI Number

26-0029607

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

Nestor Gorfinkel

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

20818 West Dixie Hwy.

Suite, Apt. #, Etc.

500027635685

01/27/04--01007--018 **1090.00

City

Aventura

State
FL

Zip Code
33180

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

1/14/04

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	Moises Selesky	1301 101 Street	Bay Harbor, FL 33154
VP	Sicu Pasternak	1301 101 Street	Bay Harbor, FL 33154
S	Sam Selesky	1301 101 Street	Bay Harbor, FL 33154

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

Date

Daytime Phone #

Moises Selesky
Moises Selesky

1/14/04

305.947.7920