

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000104374

1. Corporation Name
FMS Realty, Inc.

2. Principal Office Address
1301 101 Street
Suite, Apt. #, etc.

3. Mailing Office Address
1301 101 Street
Suite, Apt. #, etc.

City & State
Bay Harbor Islands, FL
Zip 33154
Country U.S.

City & State
Bay Harbor Islands, FL
Zip 33154
Country U.S.

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

REINSTATEMENT 02-04

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.

City
Aventura

500027635685
01/27/04--01007--018 **1090.00

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

Moises Selesky Moises Selesky

Date

1/14/04

Daytime Phone #

305.947.7920

CR2E081 (10/02)