

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 JAN 11 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500084661665
01/17/07--01008--019 **1050.00

DOCUMENT # **PO2000038086**

1. Corporation Name

DEERING BAY REALTY, INC.

2. Principal Office Address

328 MINORCA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

328 MINORCA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLA

City & State

CORAL GABLES, FLA

Zip

33134

Country

USA

Zip

33134

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

4/8/2002

5. FEI Number

☐ 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

JEREMY D. LEVINE ESQ.

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

328 MINORCA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

JAN. 3/2007

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
PRES.	KAREN M. LEVINE	13611 DEERING BAY DR APT. 402	CORAL GABLES, FLA 33158

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 contained in Chapter 119, 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:

Karen Levine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07

Date

305-968-7999

Daytime Phone #