1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION 03 OCT 21 PM 12: 54 Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P02000072326 1. Corporation Name PAZIT REALTY INC 3. Mailing Office Address 2. Principal Office Address 11900 BISCAYNE BLVD 11900 BISCAYNE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. **SUITE 290** 4. Date Incorporated or Qualified SUITE 290 07/02/2002 To Do Business in Florida City & State City & State 5. FEI Number Applied For NORTH MIAMI, FL NORTH MIAMI, FL Not Applicable Country Zip _ Zip Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 33181 33181 for a Certificate of Status 7. Name and Address of Current Registered Agent 400023964514 10/21/03--01038--009 **150 00 KAREN SKALT Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD Suite, Apt. #, Etc. SUITE 290 Zip Code **NORTH MIAMI** 33181 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 10/16/2003 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zin **PVTS** SKALT, KAREN 11900 BISC BLVD STE 290 N MIAMI FL 33181 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 filling 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. 10/16/03 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Accounting Office KIM MARKS, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT 11900 Biscayne Boulevard - State 290

North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815 Internet: KimCPA@ix.netcom.com

Tel: (305) 895-5815 Fax: (305) 895-6273

October 16, 2003

Division of Corporations Uniform Business Report Filings PO Box 6327 Tallahassee, FL 32314-6327

PAZIT REALTY INC P02000072324 Re:

UBR 2003

Enclosed please find a check in the amount of \$150.00 for renewal of the corporation.

We are requesting an abatement of the late filing penalty. The owner never received any prior notice or filings until she checked her status on the Internet and then received the Notice of dissolution.

We are changing the mailing address to our office since they are no longer at that address.

Thank you,

Kim Marks CPA