

2005 FOR PROFIT CORPORATION REINSTATEMENT

102 4/26/04 90577 038 *150

APPROVED
AND
FILED

05 MAR 23 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03182005 REIN-P CR2E098 (6/04) *MRD*

DOCUMENT # P03000150175

1. Entity Name
REAL ESTATE MASTERY-DADE, INC.



Principal Place of Business
**450 N.E. 20TH ST, STE 109
BOCA RATON, FL 33432**

Mailing Address
**450 N.E. 20TH ST, STE 109
BOCA RATON, FL 33432**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
20-0489804

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ADDIE, ROBERT L
450 N.E. 20TH ST, STE 109
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

REINSTATEMENT 04-05

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADDIE, ROBERT L 450 N.E. 20TH ST, STE 109 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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04/05/05--01088--003 **150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert L. Addie* **3/18/05 561-866-3535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Robert L. Addie** Daytime Phone #

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REAL ESTATE MASTERY-DADE, INC.
450 NW 20th Street
Suite 109
Boca Raton, Florida 33432

March 18, 2005

Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Real Estate Mastery-Dade, Inc.; Reinstatement

Dear Sir or Madam:

Enclosed is the reinstatement form for Real Estate Mastery-Dade, Inc. Also enclosed is the annual report fee of \$150.00.

This morning I spoke to a representative at the Division of Corporations and was told that our annual report and payment fee were returned on May 4, 2004. A second notice was mailed to our address but was returned to the Division of Corporations by the post office.

The representative I spoke to told me the reinstatement fee is waived because I did not receive notice.

Thank you for your assistance in this matter. If you have any questions concerning this, please call our attorney, Phillip T. Crenshaw (tel. (561) 439-6100) or (fax 561-439-6102).

Sincerely yours,



Robert L. Addie
President

Enclosures