

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 OCT 27 AM 8:10

ALL AMPLASSFE, FLORIDA

DOCUMENT # PO40000039/9

1. Corporation Name

Terramar Realty Associates Inc

700137324027  
10/27/08--01049--012 \*\*\$900.00

2. Principal Office Address - No P.O. Box #

8544 SW 8 ST

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Same

Zip

33144

Country

USA

Zip

Same

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/5/2004

5. FEI Number

650953064

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

Zoraya Prada

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

8544 SW 8 ST

Suite, Apt. #, Etc.

Miami

City

State

FL

Zip Code

33144

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

[Signature]

Date 10/24/08

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
SD	Marco J. DiNello	8544 SW 8 ST	Miami FL 33144
P	Zoraya Prada	8544 SW 8 ST	Miami FL 33144

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:

[Signature] MARCO D. NELLO

Date

10/24/08

Daytime Phone #

973 7680745