

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FL

13 JAN 14 AM 8:51

FILING CANCELLED
RETURNED CHECK

REINSTATEMENT

08-13

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07000086572

1. Corporation Name

FLORIDA REALTY SALES PROFESSIONALS INC.

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

7035 PHILIPS HWY

Suite, Apt. #, etc.

3. Mailing Office Address

901 BRICKELL AVENUE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

MIAMI, FL

Zip

32216

Country

USA

Zip

33131

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
08/01/2007

5. FEI Number

x

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

JOSE LOPEZ

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

901 BRICKELL AVENUE

Suite, Apt. #, etc.

City

MIAMI

State

FL

Zip Code

33131

500243614905
01/14/13--01007--011 **1500.00

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

Jose Lopez
REGISTERED AGENT MUST SIGN

Date 12/27/2012

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	LOPEZ, J	901 BRICKELL AVENUE	MIAMI, FL 33131
VP/S	KINTON, B	901 BRICKELL AVENUE	MIAMI, FL 33131
T	CANCIANO, H	901 BRICKELL AVENUE	MIAMI, FL 33131

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2012

305-4430003

Date

Daytime Phone #

JAN 14 2013
BUTLER