

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000005338

1. Corporation Name

Art Deco Realty, Inc.

2. Principal Office Address

1760 Bay Drive  
Suite, Apt. #, etc.

3. Mailing Office Address

1760 Bay Drive  
Suite, Apt. #, etc.

City & State

Mia Bch, Fl.

City & State

Mia Bch, Fl.

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/17/1993

5. FEI Number

650386337

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

Joseph A. Estrada

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

1760 Bay Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

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

Joseph A. Estrada  
REGISTERED AGENT MUST SIGN

Date 10/23/02

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
<u>Pres,</u> <u>1st</u>	<u>Joseph A. Estrada</u>	<u>1760 Bay Dr. Mia Bch</u> <u>Fl.</u>	<u>Mia Bch, Fl. 33141</u>

for 11/5

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Estrada

10/23/02 (305) 866 -

Date

Daytime Phone #

9494

CR2E081 (9/01)

Secretary of State Division of Corporation  
Attn.: Reinstatement Section  
P.O. Box 6327  
Tallahassee, Fl. 32314

October 21, 2002

To whom it may concern,

Enclosed is the completed Corporate Reinstatement Form. The previous notice was not received.

Sincerely,



Joseph A. Estrada