	STRUCTIONS BEFORE RIDA DEPARTMENT OF STATI Kathering Harris Secretary of State Division of Conponations	COMPLETING THIS FORM.	
DOCUMENT # P9300022366		FILED	
		99 MAR 16 PM 12: 03	
Cutler Ridge/Kendall Real Estate Company		SEGNETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business Mailing Address			VID#(
			18 78 W
If above addresses are incorrect in any way, line through incorrect	ect information and enter correction below	REINSTATEMENT	3/16/21
2. New Principal Office Address, if Applicable 3 New Mailing Office Address, if Applicable 2500 E. Hallandale Beach P.O. Box 85275		Date Incorporated or Qualified To Do Business in Florida 3/11/93	
2500 E. Hallandale Beach P. C Suite, Apt # 460. Blvd., #802 City & State	ot #, etc	5 FE (Number	Applied For
	andale, FL 33008	6 CERTIFICATE OF STATUS DESIRED 89.75 Add	Not Applicable litional Fee required
7. Names and Street Addresses of Each Officer and/or Director	the second secon	least 3 directors)	Atticate of Status
Title(s) Name of Officers and/or Directors 2	Street Address of Ear Officer andfor Direct 3 (Do NOT Use Post Office Box	tor City / State / Zi	ρ
Pres. Wolfgang Kestenbaum	2049 S. Ocean Dri	ve, #205 Hallandale, FL	33009
		\$.60000012481345768 -03/23/9901024 ****900.00 ***	!5 3: 1004 :*300.00
WOIIGAIIG RESCEIDAUM Street Address (F		9. Name and Address of New Registered Agent Olfgang Kestenbaum	
		Street Address (P.O. Box Number is Not Acceptable)	
	<i>I</i> 1	indale FL 3	3009
10. I, being appointed the registered agent of the above names of Registered Agent REGISTERED	corporation, am familiar with and accept the AGENT MUST SIGN	obligations of Section 607 0505, F.S. Date Date	1990
11. This corporation owes the current Intangible Personal Property Tax		(See other side for in on intangible to	
12. I certify that I am an officer or director or the receiver or truste this reinstatement application, the reason for dissolution has be owed by the corporation have been paid and the names of inc on this application is true and accurate, and my signature shall	neen eliminated, the corporate name satisfie dividuals listed on this form do not qualify fo Il have the same legal effect as if made und	es the requirements of section 607.0401 or 617.0401, F.3 or an exemption under section 119.07(3)(i), F.S. The info	S , that all tees
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING OFFICER OR DIRECTOR	Daytime P	hone #