


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 JUN -4 AM 7:40  SECRETARY OF STATE TALLAHASSEE, FLORIDA  200002206252--3 -06/09/97--01149--025 ***1088.75 ***1088.75			
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">p930000 742 76</span> 1. Corporation Name <p style="text-align: center;"><b>Crossfire Realty, Inc.</b></p>		If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
Principal Place of Business <p style="text-align: center;"><b>950 N Krome Avenue Ste 102 Homestead, FL 33030</b></p>						Mailing Address <p style="text-align: center;"><b>950 N Krome Avenue Ste 102 Homestead, FL 33030</b></p>	
2. New Principal Office Address, If Applicable <p style="text-align: center;"><del>Same as Above</del></p>						3. New Mailing Address, If Applicable <p style="text-align: center;"><del>Same as Above</del></p>	
Suite, Apt. #, etc. City & State Zip      Country		Suite, Apt. #, etc. City & State Zip      Country		4. Date Incorporated or Qualified To Do Business in Florida <p style="text-align: center;"><b>10/21/93</b></p>			
5. FEI Number <p style="text-align: center;"><b>65-0447674</b></p>		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)							
1	2	3	4				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip				
Dir	Mitchell Tepperman	950 N Krome Ave Ste 102 Homestead, FL 33030					
Dir	Haydee Tepperman	950 N Krome Ave Ste 102 Homestead, FL 33030					
8. Name and Address of Current Registered Agent  <b>John P. Maas, Esquire 44 NE 16 Street Homestead, FL 33030</b>		9. Name and Address of New Registered Agent Name <p style="text-align: center;"><b>Sheree Tepperman</b></p> Street Address (P.O. Box Number is Not Acceptable) <p style="text-align: center;"><b>12361 SW 119 Terrace</b></p> Suite, Apt. #, Etc. City <p style="text-align: center;"><b>Miami</b></p> State      Zip Code <p style="text-align: center;"><b>FL      33186</b></p>					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <u>Sheree Tepperman</u> Date <u>June 2, 1997</u> REGISTERED AGENT MUST SIGN							
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.    Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)							
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <u>[Signature]</u> 66162 (305) 340-3411							

CRPD040 (12/95)