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# APPLICATION FOR REINSTATEMENT

**FLORIDA DEPARTMENT OF STATE**
**Katherine Harris**
**Secretary of State**
DIVISION OF CORPORATIONS

FILED
99 NOV -8 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DOCUMENT #** P94000007394

1. Corporation Name
Dondi Realty Group, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 434 NE 6th Avenue<br>Delray Beach, FL 33444 | 170 NE 6th Avenue<br>Delray Beach, FL 33483 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 98-99

| 2. New Principal Office Address, if Applicable | 3. New Mailing Office Address, if Applicable |
|---|---|
| 170 NE 6th Avenue | PO Box 1085 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Delray Beach, FLORIDA | City & State: Delray Beach, FL |
| Zip: 33483 Country: USA | Zip: 33447 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 1/28/94

5. FEI Number: 65-0516079 ☐ Applied For ☐ Not Applicable

5 CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 (DO NOT Use Post Office Box Numbers) | City / State / Zip 4 |
|---|---|---|---|
| P | Hess, Daniel | 170 NE 6th Avenue | Delray Beach, FL 33483 |
| V | Hess, Lisa | 170 NE 6th Avenue | Delray Beach, FL 33483 |
| | | | |
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8. Name and Address of Current Registered Agent

Hess, Lisa
170 NE 6th Avenue
Delray Beach, FL 33483

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

Changed (12/98)

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: VP — REGISTERED AGENT MUST SIGN — Date: 11-4-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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:** VP — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 11-4-99 — Daytime Phone # 561/243-1164