

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 MAR 16 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000010108**

1. Corporation Name

**A. & ASSOCIATES REALTY INVESTMENTS, INC.**

Principal Place of Business

10201 HAMMOCKS BLVD.  
SUITE 153-124  
MIAMI FL 33196-4712  
US

Mailing Address

10201 HAMMOCKS BLVD.  
SUITE 153-124  
MIAMI FL 33196-4712  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

02/08/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65-0465151

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MORIN, ALEJANDRO J	10620 SW 148TH COURT	MIAMI FL 33186
V	MORIN, HILDA	10620 SW 148TH COURT	MIAMI FL 33186
			900002462739--1
			-03/20/98--01003--004
			****900.00 ****900.00

**REINSTATEMENT 97-98**

*G. Alar*  
3/16/98

8. Name and Address of Current Registered Agent

MORIN, ALEJANDRO J  
10620 SW 148TH COURT  
MIAMI FL 33186

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

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2-2-98

11. This corporation owes or has paid 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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-98 305-383-2539

CP25040 (8/97)