PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

ACCEPTED AND FILED
1996 OCT 31 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028268**

1. Corporation Name

PALADIN REAL ESTATE SERVICES CORPORATION

Principal Place of Business	Mailing Address
7370 N.W. 36TH STREET SUITE 220-G MIAMI FL 33166	7370 N.W. 36TH STREET SUITE 220-G MIAMI FL 33166

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
7370 NW 36 ST	7370 NW 36 ST
Suite, Apt. #, etc. SUITE 220-F	Suite, Apt. #, etc. SUITE 220-F
City & State MIAMI FL	City & State MIAMI FL
Zip 33166 Country USA	Zip 33166 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/13/1994

5. FEI Number: 65-0481574 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	LA FONTAINE, ROY PAUL	7370 N.W. 36TH STREET, SUITE 220 -F	MIAMI FL 33166
PVST	LA FONTAINE, ROY PAUL	7370 N.W. 36TH STREET, SUITE 220-F	MIAMI FL 33166

900001998739--6
-11/07/96--01029--010
****375.00 ****375.00

REINSTATEMENT per FAX 11/5/96

8. Name and Address of Current Registered Agent

COLLETTI, JOSEPH R
3550 BISCAYNE BLVD.
SUITE 610
MIAMI FL 33137

9. Name and Address of New Registered Agent

Name: ROY PAUL LAFONTAINE
Street Address (P.O. Box Number is Not Acceptable): 10619 SW 113 PLACE
Suite, Apt. #, Etc.: SUITE C
City: MIAMI State: FL Zip Code: 33176

CR2E040 (7/96)

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 REQUIRED (REGISTERED AGENT MUST SIGN) Date: 10-25-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: SIGNATURE REQUIRED 10-25-96 305-592-0558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #