

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 31 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000057346

1. Corporation Name

Reel Estate of south Florida, Inc

2. Principal Office Address

Box 530396

Suite, Apt. #, etc.

City & State

Miami shores, Fl.

Zip

33153

Country

USA.

3. Mailing Office Address

Box 530396

Suite, Apt. #, etc.

City & State

Miami shores Fl.

Zip

33138

Country

USA.

REINSTATEMENT

98.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650509633

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Scott Alan ORTH

Street Address (P.O. Box Number is Not Acceptable)

1380 NE MIAMI GARDENS DRIVE

Suite, Apt. #, Etc.

255

City

NORTH Miami Beach

State

FL

Zip Code

33179

000003213720-0

04/18/00-01120-018

***1058.75 ***1058.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/06/2000

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|-------------------------------|
| V/D | <u>Glynys Benson</u> | <u>680-NE 105-st.</u> | <u>Miami-shores Fl. 33138</u> |
| P/C | <u>Marcy Orth</u> | <u>9376 NE 9 Place</u> | <u>Miami shores Fl. 33138</u> |
| M. | <u>Alana Rothlein</u> | <u>6208 Laborce Dr.</u> | <u>MB, Fl. 33140</u> |
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| | | | <u>L8</u> |
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10. 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:

Marcy Orth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00 305.754.7335

Date

Daytime Phone #

CR2E081 (9/99)