

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 20 PM 4:25

DOCUMENT # P94000059353

1. Corporation Name
FIRST EQUITABLE REALTY (MIAMI BEACH) INC.

Principal Place of Business 7601 E. TREASURE DR N. BAY VILLAGE, FL 33141 SUITE 1710	Mailing Address 7601 E. TREASURE DR N. BAY VILLAGE, FL 33141 SUITE 1710
--	--

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 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0539850	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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)

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
Pres	JOEL GAMAL	7601 E. TREASURE DR SUITE 1710	N. BAY VILLAGE, FL 33141

800002440938--7
-02/25/98--01096--014
****908.75 ****908.75

8. Name and Address of Current Registered Agent

GERALD GREENSPOON
100 W. CYPRESS CK. ROAD
SUITE 700

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 Gerald Greenspoon
REGISTERED AGENT MUST SIGN

Date 2/3/98

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joel Gamal - JOEL GAMAL 2/17/98 305 8616000