

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
*4750* Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1997 DEC 10 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000063872**

1. Corporation Name

**INVESTORS REAL ESTATE, INC.**

Principal Place of Business  
**5920 SOUTHWEST 19TH STREET  
PLANTATION FL 33317**

Mailing Address  
**5920 SOUTHWEST 19TH STREET  
PLANTATION FL 33317**



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 <b>08/30/1994</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0516309</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
City & State		City & State		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip	Country	Zip	Country		

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
PD	CLEVENGER, MICHAEL J	5920 SOUTHWEST 19TH STREET	PLANTATION FL 33317

**REINSTATEMENT** *97 NOV 12/10/97*

**800002375818--0**  
-12/17/97--01113--013  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

**CLEVENGER, DAVID T  
4021 PETERS RD.  
SUITE 102 S  
PLANTATION FL 33317**

9. Name and Address of New Registered Agent

Name **CLEVENGER David T**  
Street Address (P.O. Box Number is Not Acceptable)  
**5920 S.W. 19TH ST**  
Suite, Apt. #, Etc.  
City **Plantation FLA** State **FL** Zip Code **33317**

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 **11 NOV 97**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11 NOV 97 734-5816700**  
Date Daytime Phone #

022E040 (8/97)