

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 MAY -7 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # R95000014200

1. Corporation Name

REALTY USA & ASSOCIATES, INC.

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah, Florida

Zip

County
Miami-Dade

Zip

Country

Miami-Dade

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/95

5. FEI Number

65-0566852

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

500003210735--6
-05/07/01--01012--008
*****930.00 *****930.00

7. Name and Address of Current Registered Agent

Name

JULIO ROBAINA

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

Suite, Apt. #, Etc.

499 W. 23rd St

City

Hialeah, Florida

State
FL

Zip Code

33010

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

5/10/00

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
<u>P/D.</u>	<u>JULIO ROBAINA</u>	<u>499 W. 23rd St</u>	<u>Hialeah, Florida 33010</u>

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-04/17/00--01082--011
*****70.00 *****70.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

5/10/00
Date

305-824-3440
Daytime Phone #

CR2E081 (9/99)