

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000017857**

1 Corporation Name

FLORIDA REALTY INVESTMENT FUND, INC.

Principal Place of Business

7000 W. PALMETTO PARK ROAD
SUITE 402
BOCA RATON FL 33433

Mailing Address

7000 W. PALMETTO PARK ROAD
SUITE 402
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7000 W. Palmetto Park Rd.

3. New Mailing Office Address, If Applicable

Suite 402

Suite, Apt. #, etc.

402

City & State

Boca Raton, FL

Suite, Apt. #, etc.

402

City & State

Boca Raton, FL

Zip

33433

Country

USA

Zip

Country

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
PSTD	BLUMEL, SUSANNE	7000 W. PALMETTO PARK RD. #402	BOCA RATON FL 33428
		<i>#402</i>	
		1000002022171--8	
		-12/06/96-01063--014	
		****375.00 ****375.00	

8. Name and Address of Current Registered Agent

GREENFIELD, STEVEN B
7000 W. PALMETTO PARK ROAD
SUITE 402
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

Suite 402

City

State

Zip Code

CR2E040 (7/95)

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

STEVEN B. GREENFIELD
REGISTERED AGENT MUST SIGN

Date

11/26/96

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 110.07(3)(l), 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:

Sandra B. Mortham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/96 561-391-6391

Date Daytime Phone