

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2007 OCT 23 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06-07

CR2E081 (1/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017857

1. Corporation Name


Florida Realty Investment Fund, Inc.

2. Principal Office Address - No P.O. Box # 7301 W. Palmetto Park Road Suite, Apt. #, etc. 101-A City & State Boca Raton, FL Zip 33433		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0563831	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Nancy E. Crown, Esq. Street Address (P.O. Box Number is Not Acceptable) 7301 W Palmetto Park Road Suite, Apt. #, Etc. 101-A City Boca Raton			
State	Zip Code		
FL	33433		

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 	Date 10/23/07 10/23/07-01024-002 **900.00
REGISTERED AGENT MUST SIGN	

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
Pres	Susanne Blumel	Nancy E. Crown, Esq. c/o 7301 W. Palmetto Pk Road, Suite 101-A	Boca Raton, FL 33433
Dir.	R. Panizzi	Nancy E. Crown, Esq. c/o 7301 W. Palmetto Park Road, Suite 101-a	Boca Raton, FL 33433

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 contained in Chapter 119, 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

10-18-07

Date

392-0443

Daytime Phone #

10/25/07