

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR -3 AM 8:26

DOCUMENT # P95000066593

1. Corporation Name

921 SUNRISE LANE REALTY CORPORATION

2. Principal Office Address

2699 STIRLING ROAD

Suite, Apt. #, etc.

B206

City & State

FT. LAUDERDALE, FL

Zip
33312

Country
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

96-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

AUGUST 29, 1995

5. FEI Number

65-0633893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ronald D Schain

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

2699 Stirling Road B206

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33312

600003995786-9

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***1500.00 ***1500.00

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

REGISTERED AGENT MUST SIGN

Date

3/23/01

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
P	E. Leonard Sharp	2699 Stirling Rd B206	Ft. Lauderdale, FL 33312
S/T	Ronald D. Schain	2699 Stirling Rd B206	Ft. Lauderdale, FL 33312

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

Date

Daytime Phone #

Ronald D. Schain

3/23/01

954 962 0611

CR2E081 (9/00)