PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS PORWING
APPLICATION (FÎLÊD
FOR REINSTATEMENT	Secretary of S	State	97 NOV 10 PM 12: 00
	DIVISION OF CORPOR	RATIONS	
DOCUMENT # P9600006276 1. Corporation Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA
REALTY REPORTS OF FLORI	DA, INC.	,	
Principal Place of Business	Mailing Address		
801 BRICKELL AVE MIAMI FL 33131	801 BRICKELL AVE MIAMI FL 33131		
MINMI CC 40101	MINMI FE 33131	1	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT 99	
New Mailing Office Address, If Applicable New Mailing Office Address, If Applicable		Applicable	4. Date Incorporated or Qualified To Do Business in Florida 01/17/1996
Suite, Apt. #, etc. City & State			5. FEI Number Applied For
Zip Country	Zip Country	v	6. SB.75 Additional Fee required
			CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Softice Box Numbers) City / State / Zip			
PIPES FRANK REDMOND DIRECTOR 166 BROOK ST. GARDEN CITY, NY 11530 UP KAREN EURLEY LONG POMPOND BEACH FL 33060			
UP KAREN EURL	EY LONG	75-31-	PRADONO BEACH, FL 33060
			5000023449759 -11/12/9701089013 ****750,00 ****750.00
			10 1/10
			B. W.
8. Name and Address of Current	Registered Agent	1	Name and Address of New Registered Agent
WOLFE, LARRY KAREN			I CYRLEY LONG
200 A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643		56/.	O. Box Number Is Not Acceptable) S. E. /3 TH STREET
Olio, Apr. W, Lio.			
10. I, being appointed by registerey agency of the place gamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Date /0/28/97			
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No Vo (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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dato Daylimo Phone #			

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