PLEASE READ A	ALL INSTRUCTIONS	S BEFORE (CIMPLE L	ING A PRRAVE	Eka .
APPLICATION O FOR GIVEN REINSTATEMENT	ALL INSTRUCTIONS BEFORE C FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				
SIVISION OF COLUMN AND A					
DOCOMENT # P96000007095 1. Corporation Name			SECRETARY OF STATE TALLAHASSEF, FLORIDA		
Rich Realty Corp.			-		
Principal Place of Business 801 West 49th St.	Malling Address 801 West 49th				
Hialeah, FL 33012 Hialeah, FL 33012					
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable			4. Date Incorpo	DO NOT WRITE IN TH prated or Qualified less in Florida	01/23/96
801 West 49th Street Suite Apt. #, etc.	801 West 49th Suite, Apt. #, etc.	Street	5. FEI Number		
106B City & State	106B City & State		65-064		Applied For Not Applicable
Hialeah, FL Zip Country 33012 USA	Hialeah, FL Zip Country 33012 USA		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o			ust 3 directors)		
Name of Officers Title(s) 1 and/or Directors 2 Street Address of Each Officer and/or Director City / State / Zip 3 (Do NOT Use Post Office Box Numbers) 4					
D/P Richard J. Gutierrez 801 West 49				<u> </u>	, FL 33012
			3	0000249	566033 8-01060009
			****300.00 *****300.00		
				-03/13/98	301060010
			7	750 040****8.75	
		RE	<u>insta</u>	TEMENT	3/1/3/11/1
8. Name and Address of Current Registered Agent			9. Name and A	ddress of New Register	red Agent
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ard Guti		
3732 NW 16th Street Fort Lauderdale, FL 3	Street Address (P.O. Box Number is Not Acceptable)				
roit baudeldale, in 3	Sulte, Apt. #, Etc. 106B				
City Hialeah State 33012					
10. I, being appointed the registered aper of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Bedetered Apopt					
Registered Agent	SISTERED AGENT MUST SIGN	k 6 : 2 k & 5 + 5 6		Date	' 9
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)					
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on inlangible tax.)					
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth.					
SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #					