

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 28 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016332

1. Corporation Name  
**Poffenbarger Realty, Inc.**  
**959 Crandon Blvd.**  
**Key Biscayne, FL 33149**

2. Principal Office Address  
**959 Crandon Blvd.**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Key Biscayne, FL.**

City & State

Zip  
**33149**

Country  
**USA**

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida  
**2/21/1996**

5. FEI Number  
**65-0645469**

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  
**Mark A. Poffenbarger**

Street Address (P.O. Box Number is Not Acceptable)  
**1726 Osprey Bend**

Suite, Apt. #, Etc.

City  
**Weston**

State  
**FL**

Zip Code  
**33327**

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 **3/26/03**

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
P/S	Mark Poffenbarger	1726 Osprey Bend	Weston, FL 33327

500014904455  
03/26/03 01033 010 \*\*1055.00

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: **Mark Poffenbarger** Date **3/26/03** Daytime Phone # **(954) 275-6333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

2041

*Poffenbarger Realty, Inc.*  
PROFESSIONAL MANAGEMENT, LEASING & SALES

March 26, 2003

• Florida Department of State  
• Division of Corporations  
• 409 East Gaines St.  
• Tallahassee, FL 32399

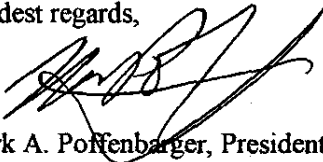
Dear Sirs:

I just found out that my Florida Corporate status has been dissolved with the State and has been since 1997. I contacted your office today and found out that the 1997 Annual Corporate report was returned to the State and never made it to my attention, which has gone unchecked since that date. I am enclosing a check in the amount of \$1,065.00 as required after speaking with your office today and ask that you please reinstate my status to active as soon as possible.

To further complicate why I did not receive the annual report was that the registered agent never received the package and I am no longer in touch with him and therefore never realized the status of the corporation until someone recently brought it to my attention.

Please contact me if you have any questions at my daytime number of (954) 275-6333 and I greatly appreciate your help in advance. Thank you.

Kindest regards,



Mark A. Poffenbarger, President