			• • • •	·	
PLEASE READ /	ALL INSTRUCTIONS		1	HIS FORM.	,
APPLICATION A FLORIDA DEPARTMENT OF STATE					
FORGICIO	Sandra B. Moi Secretary of S				
REINSTATEMENT	CA CHILDRENG POOR			FILED	
109(17)(30)		·			
1. Corporation Name Florida Equity Realty SIC.		98 MAY -5 PM 2: 02			
Tronder Cycu	ug neway p		SECKE (WAR OF STATE	
			TALLAH	ASSEE, FLORIDA	
incipal Place of Business Mailing Address					
Timoparriace of pusitiess	Apair race of pusitiess mailing Address				
If above addresses are incorrect in any way, line thro	ugh incorrect information and enter	correction below			
2 New Principal Office Address, If Applicable 3 New Mailing Office Address, If Applicable			Date Incorporated or Qualified		
Suite, Apt. #, etc.	Jite, Apt. #, etc. Suite, Apt. #, etc.		To Do Business in Florida		
City & State Gity & State		5. FEI Number Applied For Not Applied For Not Applied For			
Meany Beach Tronda	Frience Beach,	Floreda	6.		Not Applicable
2ip 3214// Country S. A.	Zip 33/4/ Countr	1.S.A-	CERTIFICATE OF STATUS		tional Fee required lificate of Status
7. Names and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corpora	ations must list at leas	st 3 directors)		
Title(s) Name of Officers and/or Directors	Off	eet Address of Each ficer and/or Director	-	City / State / Zip	
1 2	umbers) 4		23/1//		
Printed GLORIA KANKONS	UILAAME 760	1 Bucht	Seacuse De Mi	ini Port	Thuis
THE STATE OF THE PARTY OF THE P	N. M. Will J. Co.	· eusi 11	ANDRIKADI LIM	will town	j r koncia
			a a a a a		
			6000025165564 B -05/08/98010117009 *****900.00 6****		
			THIO		
B. Name and Address of Current Registered Agent			9. Name and Address of F	New Registered Agent	
Street Address (P		RIA KANKO	viski LAB	mte.	
		Street Address (P.	O. Box Number is Not Accep	otable)	7 A 140
		Suite, Apt. #, Etc.	1 eastywa	anneysure 2	<i>euce 132</i> o
		City /	· 17)	Ctote 77:- C	
		rman	m Black,	FL 33	341
10. I, being appointed the registered ligent of the above	named orporation, am familiar wit	h and accept the obl	ligations of Section 607.0505	F.S.	
Signature of Registered Age	lulx		Date _/	(Paul) 2-	4 1997
AEG	SISTERED AGENT MUST SIGN			79 100 4	1,000
11. This corporation owes or has	s paid the current year	er . rov	🗂	(See other side for into	
Intangible Personal Property	tax due June 30.	Yes 🔼	No 🔲	on intangible tax	.)
12. I certify that I am an officer or director or the receive	r or trustee empowered to execute t	his application as pro	ovided for in chapter 607 or 6	317, F.S. I further certify th	at when filing
this reinstatement application, the reason for dissolution owed by the corporation have been paid and the national the national application in the particular in the particula	mes of individuals list e d on this form	n do not qualify for ar	n exemption under section 1:	07.0401 or 617.0401, F.S., 19.07(3)(i), F.S. The inforr	that all fees nation indicated
on this application is true and accurate, and my sign	ature shall have the same legal effer	ct as if made under o	oath.		
$\langle \langle \langle \langle \rangle \rangle \rangle \rangle / \langle \langle \langle \rangle \rangle \rangle$	///			11	305-
SIGNATURE: SUM FY	45 1. A CIN	ain llow	12. 10/11 100	1	
SIGNATURE AND TYPED OF PRINT	ED NAME OF SIGNING OFFICER OR DI	KIH KANK	CONSKI LABON	IC 04124198	868-9643