

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 DEC 15 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000046768**

1. Corporation Name
MIAMI-DADE REALTY, INC.

Principal Place of Business
**6030 SW 98TH AVENUE
 MIAMI FL 33173**

Mailing Address
**6030 SW 98TH AVENUE
 MIAMI FL 33173**



600002375626-3
 -12/17/97--01107--005
 ***750.00 ***750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 6285 SW 40ST		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 05/28/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0709002	
City & State Miami FL		City & State		Applied For Not Applicable	
Zip 33155	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DEMARCHENA, JULIE	6030 SW 98TH AVENUE	MIAMI FL 33173
V	DEMARCHENA, ISMAEL	6030 SW 98TH AVE.	MIAMI FL 33173

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sc 12-17-97

8. Name and Address of Current Registered Agent

**MILLER, ALFRED L
 6804 SW 95TH COURT
 MIAMI FL 33173**

9. Name and Address of New Registered Agent

Name **Ismael de Marchena**
 Street Address (P.O. Box Number is Not Acceptable)
6285 SW 40ST
 Suite, Apt. #, Etc.
 City **Miami** State **FL** Zip Code **33135**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent Ismael de Marchena Date 12/4/97
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(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: Ismael de Marchena 12/4/97 305 665-5550
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E040 (8/97)