

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

03 APR 15 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 96000046768

1. Corporation Name

MIAMI-DADE REALTY, INC.

*HR*

2. Principal Office Address

9350 S.W. 56 Street

3. Mailing Office Address

9350 S.W. 56 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33165

Country

USA

Zip

33165

Country

USA

100015873501  
04/15/03--01010--021 \*\*1058.75  
**REINSTATEMENT 01-03**

4. Date Incorporated or Qualified To Do Business in Florida

05/28/96

5. FEI Number

65-0709002

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

Ismael DeMarchena

Street Address (P.O. Box Number is Not Acceptable)

9350 S.W. 56 Street

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33165

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

*Ismael DeMarchena*  
REGISTERED AGENT MUST SIGN

Date 04/10/03

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,D	Ismael DeMarchena	9350 S.W. 56 Street	Miami, FL 33165
S,D	Julie DeMarchena	9350 S.W. 56 Street	Miami, FL 33165

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:

*Ismael DeMarchena*

Ismael DeMarchena 04/10/03

305-357-5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)