

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068615

1. Corporation Name

PYRAMID REALTY CAPITAL CORP.

Principal Place of Business

1320 S DIXIE HWY #901
CORAL GABLES FL 33146
US

Mailing Address

1320 S DIXIE HWY #901
CORAL GABLES FL 33146
US

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

2. New Principal Office Address, If Applicable

Suite/Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



4. Date Incorporated or Qualified To Do Business in Florida

08/15/1996

5. FEI Number

65-0699308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
D	JONES, PAUL L	5900 MAYNADA ST	CORAL GABLES FL 33146
D	JONES, MARGARITA C	5900 MAYNADA ST	CORAL GABLES FL 33146

300003455659--8
-11/07/00--01034--013
***750.00 ***750.00

8. Name and Address of Current Registered Agent

PAUL JONES
1320 S DIXIE HWY #901
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/2000

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/2000 3056657450
Date Daytime Phone #

CR2E040 (8/00)