

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000076788

1. Corporation Name

MOURRY REAL ESTATE CORPORATION

Principal Place of Business

Mailing Address

2701 E. SUNRISE BLVD
STE. 420
FT. LAUDERDALE, FL 33304
US

2701 E. SUNRISE BLVD
STE. 420
FT. LAUDERDALE, FL 33304
US

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

6100 W. Atlantic Blvd.
Margate, FL
Ste. 11

6100 W. Atlantic Blvd.
Margate, FL
Ste. 11

Zip
33063

Country
USA

Zip
33063

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1996

5. FEI Number

65-0706347

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MOURRY, ROBERT	2701 E. SUNRISE BLVD, STE. 420 6100 W. Atlantic Blvd. Ste. 11	FT. LAUDERDALE, FL Margate, FL. 33063

REINSTATEMENT

100002703461--9
-12/04/98--01078--011
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOURRY, ROBERT
6100 W ATLANTIC BLVD
SUITE 11
MARGATE FL 33063

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date

12.298

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)(f), 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] Robert Mourry Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12.2.98

FILED

98 DEC -3 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/98)