PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 SEP 18 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/23/03--01021--014 **908.75

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 02-07

DOCUMENT # P97000008880

1. Corporation Name

UNIDELL REALTY OF FLORIDA, INC.

2. Principal Office Address		3. Mailing Office Address	
17152 Mandylynn Court		17152 Mandylynn Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33496	US	33496	US

4. Date Incorporated or Qualified To Do Business in Florida 1/29/97

5. FEI Number 11-3371349 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee Required for Certified Copy or Certificate of Status

7. Name and Address of Current Registered Agent

Name
JANE YUDELL

Street Address (P.O. Box Number is Not Acceptable)
17152 MANDYLYNN COURT

Suite, Apt. #, Etc.

City: BOCA RATON | State: FL | Zip Code: 33496

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 Jane Yudell Res Date 9/15/03
REGISTERED AGENT MUST SIGN

CR2E045 (10/02)

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
DPT	Jane Yudell	17152 Mandylynn Court	Boca Raton, FL 33496

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 the 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: Jane Yudell Pres 9/15/2003 (561) 451-2528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gr 9/18