

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JAN 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000009847

1. Corporation Name
Industrial Commercial Real Estate, Inc.

2. Principal Office Address - No P.O. Box #

100 Bay Colony

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33308

Country

USA

3. Mailing Office Address

100 Bay Colony

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33308

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 1/31/97

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George Levin

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

100 Bay Colony

Suite, Apt. #, Etc.

City

Ft. Lauderdale, Florida

State

FL

Zip Code

33308

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/29/08

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
D	George Levin	100 Bay Colony	Ft. Lauderdale, Fla. 33308
P/S	George Levin	100 Bay Colony	Ft. Lauderdale, Fla. 33308

02/11/08--01005--021 **2250.00

REINSTATEMENT

1-08

RH

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 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-08 954-491-6150