

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 23 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010294

1. Corporation Name

FLORIDA DADE REALTY INCORPORATED

Principal Place of Business

Mailing Address

10240 S.W. 56 STREET  
#114B/A  
MIAMI FL 33165

10240 S.W. 56 STREET  
#114B/A  
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

7951 SW 40 ST #217

3. New Mailing Office Address, If Applicable

7951 SW 40 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33165

Country

USA

Zip

33165

Country

USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1997

5. FEI Number

65-0754193

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PTSV	JAEN, HUMBERTO L	7400 SW 117 AVE. 7951 SW 40 ST #217	MIAMI FL 33183 33165

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAEN, HUMBERTO L

7400 SW 117 AVE, #217 7951 SW 40 ST, #217  
MIAMI FL 33183

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 REQUIRED

Date

10/17/2000

REGISTERED AGENT MUST SIGN

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

Date

10/17/2000

Daytime Phone #