PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 23 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017506

1. Corporation Name

THE REAL ESTATE GROUP, INC.

Principal Place of Business	Mailing Address
13321 S.W. 100th Court Miami, Florida 33176	P. O. Box 165924 Miami, FL 33116-5924

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

REINSTATEMENT 98-99 (28) 4/23/99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/25/97

5. FEI Number: 65-0733425

6. CERTIFICATE OF STATUS DESIRED ☒ Applied For ☐ Not Applicable

$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
Pres RA	RALPH RAMIREZ	13321 S.W.100th Court	Miami, FL 33176

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****908.75 ****908.75

8. Name and Address of Current Registered Agent

Ralph Ramirez
13321 S.W. 100th Court
Miami, FL 33176

9. Name and Address of New Registered Agent

Name: RALPH RAMIREZ
Street Address (P.O. Box Number is Not Acceptable): 13321 S.W. 100th Court
Suite, Apt. #, Etc:
City: Miami, State: FL Zip Code: 33176

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: RALPH RAMIREZ — REGISTERED AGENT MUST SIGN — Date: 4/16/99

11. This corporation owes 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)(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: RALPH RAMIREZ, PRES — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/16/99 — Daytime Phone #: (305)297-8419

CR2E080 (12/98)