

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 DEC 10 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000024917

1. Corporation Name

REAL ESTATE INVESTMENT TRUST ADVISORS, INC.

Principal Place of Business

5200 NE 33 AVE
FT LAUDERDALE FL 33308

Mailing Address

5200 NE 33 AVE
FT LAUDERDALE FL 33308



REINSTATEMENT 98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/17/1997	
City & State		City & State		5. FEI Number	
Zip		Country		65-0866745	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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/P/S	ARLETTE SPANIAK	5200 NE 33RD AVE	FT. LAUDERDALE, FL 33308
			000002711880--1 -12/14/98--01106--022 ***200.00 ***200.00
			000002711880--1 -12/14/98--01106--023 ***550.00 ***550.00
			12/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPANIAK, ARIETTE
5200 NE 33 AVE
FT LAUDERDALE FL 33308

Name

ARLETTE

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

Arlette Spaniak

Date

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)(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:

Arlette Spaniak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #