

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025984

1. Corporation Name

NATION'S REALTY GROUP, INC.

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

7446 SW 48 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33155

Country

3. Mailing Office Address

10541 SW 140 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33176

Country

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/24/1997

**5. FEI Number
65-0769896**

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name
LISSETTE B. PEREZ

Street Address (P.O. Box Number is Not Acceptable)
10541 SW 140 STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33176

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

REGISTERED AGENT MUST SIGN

Date

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
PVTD	LISSETTE B. PEREZ	10541 SW 140 STREET	MIAMI, FL 33176
SD	MARIO SANCHEZ, JR	10541 SW 140 STREET	MIAMI, FL 33176

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 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 #