PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
02 JUL 29 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

800006849878--3
-08/01/02--01020--030
****900.00 ****900.00

REINSTATEMENT 01-02

DOCUMENT #

1. Corporation Name
HALLANDALE REALTY CORPORATION
P97000033876

2. Principal Office Address	3. Mailing Office Address
2030 S. OCEAN DR.	2030 S. OCEAN DR.
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State HALLANDALE, FL	City & State HALLANDALE, FL
Zip 33009. Country USA.	Zip 33009 Country USA.

4. Date Incorporated or Qualified To Do Business in Florida 4-15-97

5. FEI Number 650744748 — Applied For — X Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: DAISY FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 2030 S. OCEAN DR.
Suite, Apt. #, Etc.: Apt. # 1121
City: HALLANDALE State: FL Zip Code: 33009.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Daisy Fernandez — REGISTERED AGENT MUST SIGN — Date: 7-15-02.

CR2E061 (9/00)

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
P.	DAISY FERNANDEZ	2030 S. OCEAN DR., Apt # 1121	HALLANDALE, FL 33009.
VP	LISA HALPRIN	2042 FLOWER DR.	BOCA RATON, FL 33420

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 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: Daisy Fernandez 7-15-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 7/30/02