

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

99 JAN -8 AM 9:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000045310**

1. Corporation Name

**POGO REALTY II, INC.**

Principal Place of Business

Mailing Address

2378 NW 64TH STREET  
 BOCA RATON FL 33496

2378 NW 64TH STREET  
 BOCA RATON FL 33496



**REINSTATEMENT** 98-99

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.		05/21/1997	
City & State		City & State		5. FEI Number	
Zip		Country		650688190	
				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	GOLDBERG, VONNI	2378 NW 64TH STREET	BOCA RATON FL 33496
D	POLLY, HARVEY	2901 S OCEAN BLVD. PENTHOUSE SUI	HIGHLAND BEACH FL 33487

*(Handwritten signature)*

700002742057--2  
 -01/14/99--01091--001  
 \*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDBERG, VONNI 2378 NW 64TH STREET BOCA RATON FL 33496	Name	SAME.	
	Street Address (P.O. Box Number Is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code
	FL		

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: Wanni Goldberg **SIGNATURE REQUIRED** Date: Nov 11/98  
REGISTERED AGENT MUST SIGN

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: Wanni Goldberg **SIGNATURE REQUIRED** Nov 11/98 561 997 2571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E940 (9/98)