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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98-99 AR

# APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 15 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000056743

1. Corporation Name

N & S REALTY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4222 Glenhaven Lane<br>Tampa, Florida 33624 | same |

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 |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 06/27/97

5. FEI Number: 59-3454533 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| PD | Melnick, Stanley | 4222 Glenhaven Lane | Tampa, Florida 33624 |
| VSTD | Weingart, Ned S. | 4222 Glenhaven Lane | Tampa, Florida 33624 |

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| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| AMERILAWYER CHARTERED<br>343 Almeria Avenue<br>Coral Gables, Florida 33134 | Name: SPIEGEL & UTRERA, P.A.<br>Street Address (P.O. Box Number is Not Acceptable): 343 Almeria Avenue<br>Suite, Apt. #, Etc.<br>City: Coral Gables<br>State: FL<br>Zip Code: 33134 |

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.

SPIEGEL & UTRERA, P.A.

Signature of Registered Agent By: _____ Date 12/14/99

REGISTERED AGENT MUST SIGN

Natalia Utrera, Vice President

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 of 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 provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ Ned S. Weingart 12/10/99 (216) 595-077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #