PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION √ FÖR **REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000082668

1. Corporation Name

Principal Place of Business

13300 Old Cutler Realty, Inc.

Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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W. J.	sough incorrect information and onton	correction below	FINST	ATEM	ENT AUDO
If above addresses are incorrect in any way, line through incorrect information and enter correction 2. New Principal Office Address, If Applicable 960 41st St., #212 960 41st St., #212		Applicable	4. Date Incorporated or Qualified To Do Business in Florida 9.24.97		
Suite, Apt. #, etc. Suite, Apt. #, etc. # 21 2			5. FEI Number X X Applied For		
City & State City & State Miami Beach, FL Miami Beac		ch. FL	65-0793	212	Not Applicable
Zip Country Zip Country			6. CERTIFICATE	OF STATUS DESIRE	\$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)					
Title(s) Name of Officers and/or Directors) o	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)		City / State / Zip	
P, D Hernan, Blanco	13778 S.1	W. 157 Te	rr.	Miami, F	L 33177
·			80	00022 -06/06/ ****750	2777486 0001037009 0.00 ****750.00
			80	00032 -06/067	777486
				****150).00 ****150.00
					LS
8. Name and Address of Current	9. Name and Address of New Registered Agent				
Thomas G. Sherman	Name Alan	Me Alan R. Hecht			
218 Almeria Ave.	Street Address (P.O. Box Number is Not Acceptable) 2670 N.E. 215 Street				
Coral Gables, FL 33134		Suite, Apt. #, Etc.			
		City Miami			State Zip Code 33180
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 AgentRI	EGISTERED AGENT MUST SIGN		<u> </u>	Date	1800
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: SIGNATURE AND TYPED OF PR	INTED NAME OF SIGNING OFFICER OR	DIRECTOR		Date	Daytime Phone #