				e e e e e e e e e e e e e e e e e e e		
PLEASE READ A APPLICATION 1998 FOR APPLICATION REINSTATEMENT	ALL INSTRUCTIONS FLORIDA DEPARTMEN Sandra B. Mor Secretary of S DIVISION OF CORPOR	NT OF STATE tham State	Ť.	IG THIS FOR APPROVED AND FILED	:М.	
DOCUMENT# <b>P97000085096</b>			1798 NOV 30 PH 4: 14			
1. Corporation Name  REAL ESTATE CAPITAL, INC.		SECRETARY OF STATE SALLAMASSEE, FLORIDA				
	Marillan Addison					
rincipal Place of Business Mailing Address  200 NW 37TH AVENUE  AMI FL 33055 MIAMI FE 33055						
If above addresses are incorrect in any way, line thro	ough Incorrect information and enter	correction below.	S	cc 11-30	-98	
New Principal Office Address, If Applicable     Suite, Apt. #, etc.	New Mailing Office Address, If     Suite, Apt., #, etc,	Applicable	4. Date Incorporated or Qualified To Do Business in Florida 10/01/1997			
18021 N. 1/ AVE AJT. 102	1804 N. 17 Ave API 102 City & State		5. FEI Number   Applied For			
Hollywood, (2. 33020) Zip Country 33020 Broward	Zip County 33020 Tare	33020	6.	F STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/o	or Director (Florida nonprofit corpora		3 directors)			
Title(s) and/or Directors Offi		eet Address of Each ficer and/or Director e Post Office Box Nurr	nbers) 4	City	// State / Zip	
P Pamela B. Jack		1.W. 37 A	યહ	miami,	FZ. 83008	
UP LLOYO CLARKE		19 HVE A	PT 102	Hellywood	, Fr. 33020	
			5 <b>.</b>		037352. -01104006 .~ 00 ****150.00	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
JACKSON, PAMELA 19200 NW 37TH AVENUE MIAMI FL 33055	1804 N . Suite, Apt. #, Etc.					
10. I, being appointed the registered egent of the above	ve named core <b>c</b> ration, am familiar wi	th and accept the oblid	pations of Section		FL 3302 0	
Signature of Registered Agent arounds	IBF JOHE OL GISTERED AGENT MUST SIGN	JIRED		Date 11/25	198	
<ol> <li>This corporation owes or ha Intangible Personal Property</li> </ol>		ar Yes 🗌	No X	on	er side for information Intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been paid and the non this application is true and accurate, and my signature.	ution has been eliminated, the corpo ames of individuals listed on this for	orate name satisfies the m do not qualify for an	e requirements of a exemption under	section 607.0401 or 6	17.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #						

November 23, 1998  ATIN: Sammy Caldwell
ATIN: Summes CaldWELL
To whom it may concern:
Please Be advise:
I recieve my annual Report in
august of 1998. I completed and mail
my applied REPort and my applied Fee.
my annual REport and my annual Fee.  IN November 1928, I receive notice
of dissolution of Corporation Seemly my
Or oussole plan or corporator. Seeing my
arnual Report and Corporation Fee was
10ST IN the MALL. Enclose is my
annual Report of my Fee of 150.00
( Tamela Brown Jakon
President.)