

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000088669**

1. Corporation Name

5-DAY SALE REALTY, INC.

Principal Place of Business

Mailing Address

1440 CORAL RIDGE DRIVE STE 322
1440 CORAL RIDGE DRIVE STE 359
CORAL SPRINGS FL 33071
US

1440 CORAL RIDGE DRIVE STE 322
1440 CORAL RIDGE DRIVE STE 359
CORAL SPRINGS FL 33071
US

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

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1997

5. FEI Number

65-0789385

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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	4. City / State / Zip
D	KELLOCK, LOREN	1440 CORAL RIDGE DRIVE STE 359	CORAL SPRINGS FL 33071
P/D/S	KELLOCK, ALAN C.	1440 CORAL RIDGE DRIVE #359	CORAL SPRINGS FL 33071
			400003078784--6 -12/23/99--01007--009 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLAM, MICHAEL R
2848 UNIVERSITY DR STE A
CORAL SPRINGS FL 33065

Name
MRF Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable)
2858 University Drive
Suite, Apt. #, Etc.
Suite B, Second Floor
City
Coral Springs
State
FL
Zip Code
33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent Michael R. Flam, President
REGISTERED AGENT MUST SIGN

Date 12-14-99

11. 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:

Alan C. Kellock QUINER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/14/99
Date

954-255-0362
Daytime Phone #

KE

CR2040 (6/99)