PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PLICATION FOR NSTATEMENT

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

FILED
00 JAN -4 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CUMENT # P98000034696

oration Name

rbor One Realty, Inc.

l Place of Business

95 Old Griffin Road
rt Lauderdale, FL 33004

Mailing Address

e addresses are incorrect in any way, line through incorrect information and enter correction below.

Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
ot. #, etc.	Suite, Apt. #, etc.
tate	City & State
Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida April 15, 1998

5. FEI Number — [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

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

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
Zennon Mierzwa	1495 Old Griffin Road	Fort Lauderdale, FL 33004
		400003096334--8 -01/12/00--01075--010 ****750.00 ****750.00
		400003096334--8 -01/12/00--01075--011 ******8.75 ******8.75
	REINSTATEMENT 99	18

8. Name and Address of Current Registered Agent

nnon Mierzwa
95 Old Grivvin Road
rt Lauderdale, FL 33004

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State FL | Zip Code

ng appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

of
ed Agent _____ Date 1/3/00

REGISTERED AGENT MUST SIGN

his corporation owes the current year
ntangible Personal Property Tax due June 30. Yes ☐ No ☒

(See other side for information on intangible tax.)

fy 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 einstatement 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 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 indi... s application is true and accurate, and my signature shall have the same legal effect as if made under oath.

ATURE: _____ 1/3/00

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