

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000047789

1. Corporation Name

S.B.S. REALTY CORP

2. Principal Office Address

1001 PONCE DE LEON BLVD

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33134

Country

US

3. Mailing Office Address

1001 PONCE DE LEON BLVD

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33134

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1998

5. FEI Number

65-0841656

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAFAEL J. FERNANDEZ, CPA, PA

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

4143 SW 74 COURT

Suite, Apt. #, Etc.

SUITE C

City

MIAMI

State

FL

Zip Code

33155

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Rafael J. Fernandez

REGISTERED AGENT MUST SIGN

Date

4/03/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ALARCON, RAUL SR.	1001 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134
D	ALARCON, RAUL JR.	1001 PONCE DE LEON BLVD.	CORAL GABLES, FL 33134

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

Daytime Phone #

CR2E081 (10/02)

4/30