

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2009 APR -2 A 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100148444831
04/02/09--01037--016 **450.00

CR2E081 (12/08)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000054290

1. Corporation Name

Florida Group Realty Inc

2. Principal Office Address - No P.O. Box #

8770 SW 72nd St #373

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL 33173

City & State

Zip

Country

33173

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/15/98

5. FEI Number

65-0845468

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

Pablo Fernandez

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

8770 SW 72nd St #373

Suite, Apt. #, Etc.

City

Miami

State

Zip Code

FL 33173

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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



Date


2/2/09

REGISTERED AGENT MUST SIGN

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
P	Pablo Fernandez	8770 SW 72nd St #373, MIAMI 33173	Miami, FL 33173

REINSTATEMENT

07-09 

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 contained in Chapter 119, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/2/09

Daytime Phone #