

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000054290

1. Corporation Name

FLORIDA GROUP REALTY, INC.

Principal Place of Business

275 FOUNTAINBLEU BLVD. #169
MIAMI FL 33143

Mailing Address

8770 SUNSET DR. #373
MIAMI FL 33173

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

2. New Principal Office Address, If Applicable

10112 S.W. 72 ST.

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI FL

Zip

33173

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02



600009686556

12/26/02--01015--020 **208.75

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/1998

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. 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	FERNANDEZ, PABLO J	10001 SW 82 TERR.	MIAMI FL 33173

8. Name and Address of Current Registered Agent

FERNANDEZ, PABLO J
10001 S.W. 82 TER.
MIAMI FL 33173

9. Name and Address of New Registered Agent

Name

PABLO J. FERNANDEZ

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

8770 SUNSET DR # 373

Suite, Apt. #, Etc.

373

City

MIAMI

State

FL

Zip Code

33173

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Pablo J. Fernandez
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/26/02

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:

Pablo J. Fernandez
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/26/02 (208) 0070