

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -7 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800063258

1. Corporation Name

General Realty Investment & Sales Inc.

900010167669
01/16/03--01064--021 **150.00

900010167669
01/16/03--01064--020 **750.00

2. Principal Office Address

5725 Corporate Way

3. Mailing Office Address

5725 Corporate Way

Suite, Apt. #, etc.

203-C

Suite, Apt. #, etc.

203-C

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33407

Country

US

Zip

33407

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

7/17/98

5. FEI Number

650862957

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Luis Small

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

8604 Marlamoor Lane

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33412

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

REGISTERED AGENT MUST SIGN

Date 1/6/03

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	Luis Small	8604 Marlamoor Lane	West Palm Beach, FL 33412

MAN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

11/22/2002

Daytime Phone #

561-758-5298