


1042

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AUG 16 AM 8:58

**CORPORATION  
REINSTATEMENT**



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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000065436**

1. Corporation Name

**The Beickell Realty Group, Inc.**

2. Principal Office Address

**825 Brickell Bay**

Suite, Apt. #, etc.

**1849**

City & State

**Miami, FL**

Zip

**33131**

Country

**Dade**

3. Mailing Office Address

**P.O. TWR III**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 08-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/23/1998**

5. FEI Number

**65-0859523**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Juvenal Pina**

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

**825 Brickell Bay P.O. # 1849**

Suite, Apt. #, Etc.

**Miami, FL 33131**

City

State

**FL**

Zip Code

**33131**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

**08/16/04--01079--011 \*\*750 00**

**700040223837**

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

**[Signature]**

Date

**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
<b>0</b>	<b>Juvenal Pina</b>	<b>825 Brickell Bay P.O. # 1849 Miami, FL 33131</b>	<b>33131</b>
	<b>Charles [unclear]</b>	<b>825 Brickell Bay P.O. # 1849 Miami, FL 33131</b>	<b>33131</b>
	<b>[unclear]</b>	<b>825 Brickell Bay P.O. # 1849 Miami, FL 33131</b>	<b>33131</b>

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

**[Signature]**

**8/13/04**

Date

**(205) 374-4377**

Daytime Phone #

CR2E081 (01/04)

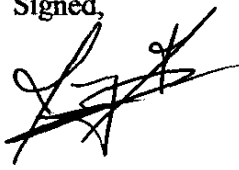
2 of 2

August 13, 2004

To Whom It May Concern:

This letter will serve as an explanation on the delay in filing our annual report. We did not receive the filing form after 2002 and we where not clear on our filing status. We request a waiver of the reinstatement fee enclosed please find a check for ~~7~~50.00.dollars

Signed,



Juvenal Pina

FILED

04 AUG 16 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA