

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 AUG 23 AM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000078528

1. Corporation Name

150 Sample Realty, Inc.

2. Principal Office Address

700 S. Federal Hwy

Suite, Apt. #, etc.

STE 200

City & State

Boca Raton, Fl

Zip

Country

33432

3. Mailing Office Address

700 S. Federal Hwy

Suite, Apt. #, etc.

STE. 200

City & State

Boca Raton, Fl

Zip

Country

33432

4. Date Incorporated or Qualified
To Do Business in Florida

9/11/98

5. FEI Number

65-0864143

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

Steven Garellek

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

700 S. Federal Highway

Suite, Apt. #, Etc.

STE. 200

City

Boca Raton

State

FL

Zip Code

33432

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

8/22/2001

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
VPSTD	Arne M. Soreide	700 S. Federal Hwy, Ste 200	Boca Raton, Fl, 33432
DPD	Lynn M. Soreide	700 S. Federal Hwy., Ste. 200	Boca Raton, FL 33432

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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

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 440731 7233649

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 900.00

ORDER DATE : August 23, 2001

ORDER TIME : 10:22 AM

ORDER NO. : 440731-020

CUSTOMER NO: 7233649

CUSTOMER: Ms. Denise Conolly
Adorno & Zeder, P.a.
Suite 200
700 South Federal Hiway
Boca Raton, FL 33432

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 AUG 23 AM 11:25

NOT RETURNED
TO AGENCY OF FILING

DOMESTIC FILINGS

NAME: 150 SAMPLE REALTY, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156
EXAMINER'S INITIALS _____