

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085647

1. Corporation Name

SURMOUNT REALTY, INC.

2. Principal Office Address

10637 N. KENDALL DRIVE

Suite, Apt. #, etc.

7-B

City & State

MIAMI, FLORIDA

Zip

33176

Country

3. Mailing Office Address

10637 N. KENDALL DRIVE

Suite, Apt. #, etc.

7-B

City & State

MIAMI, FLORIDA

Zip

33176

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/05/1998

5. FEI Number

65-0876444

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

STEPHANIE ALVERO

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

4701 S.W. 95 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

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 10/22/03

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	STEPHANIE ALVERO	4701 S.W. 95 AVENUE	MIAMI, FL. 33165
D	EDDY FRAGA	4701 S.W. 95 AVENUE	MIAMI, FL. 33165

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

10/22/03

Date

(305) 225-6393

Daytime Phone #

CR2001 (10/02)