

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 17 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003530

1. Corporation Name

CRIBE REALTY, INC.

REINSTATEMENT 2002



000009528790  
12/16/02--01085--013 \*\*750.00

Principal Place of Business

15327 NW 60TH AVE  
SUITE 240  
MIAMI LAKES FL 33014

Mailing Address

15327 NW 60TH AVE  
SUITE 240  
MIAMI LAKES FL 33014

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1999

5. FEI Number

65-0885314

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
PDS	WOJCIECHOWSKI, RICHARD P	7235 CORAL WAY, SUITE 201	MIAMI FL 33155
VD	WOJCIECHOWSKI, MARIA B	7235 CORAL WAY, SUITE 201	MIAMI FL 33155
VD	WOJCIECHOWSKI, MARIA B	7235 CORAL WAY, SUITE 201	MIAMI FL 33155
D	WOJCIECHOWSKI, CRISTIAN A	7235 CORAL WAY, SUITE 201	MIAMI FL 33155

8. Name and Address of Current Registered Agent

WOJCIECHOSKI, RICHARD P  
15327 NW 60TH AVE  
SUITE 240  
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/09/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/09/02

Date

Daytime Phone #

305 389 3084