

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -2 PH 3:43

DOCUMENT # **P99000024295**

1. Corporation Name

MIAMI-DADE REAL ESTATE HOLDINGS, INC

200004302812--3

-05/23/01--01103--003

****908.75 ****908.75

2. Principal Office Address

5715 WEST 20 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 170967

Suite, Apt. #, etc.

City & State

HALEAH, FL

City & State

HALEAH, FL

Zip

33012

Country

USA

Zip

33017-0907

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/99

5. FEI Number

65-0912765

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

ILEANA M. GARCIGA

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

5715 WEST 20 AVE

Suite, Apt. #, Etc.

City

HALEAH

State

FL

Zip Code

33012

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

ILEANA M. GARCIGA

REGISTERED AGENT MUST SIGN

Date

4/17/01

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
PS	LUIS CRUZ	5715 W 20 AVE	Hialeah, FL 33012

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:

Dr. Luis Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01 (305) 822-0777

Date

Daytime Phone #