

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

02 APR 18 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000043837

1. Corporation Name **REELESTATES.COM, INC.**

REINSTATEMENT

01-02

2. Principal Office Address
4970 SW 72nd Ave

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
Bldg #103

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State

Zip **33155** Country **USA**

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida **5-13-1999**

5. FEI Number **650931912**
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
BRIGID FLANIGAN

Street Address (P.O. Box Number is Not Acceptable)
4970 SW 72nd Ave

Suite, Apt. #, Etc.
Bldg #103

City **Miami**

State **FL** Zip Code **33155**

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 *Brigid Flanigan*

REGISTERED AGENT MUST SIGN

Date **4/17/02**

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)	BRIGID FLANIGAN	4970 SW 72nd Ave, Bldg 103	Miami, Florida, 33155.

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: *Brigid Flanigan* **Brigid Flanigan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/17/02** (305) 858-7335
Daytime Phone

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

REELESTATES.COM, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00