

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 JAN -2 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S10545

1. Corporation Name
 MARABH Realty of Florida INC

Principal Place of Business Mailing Address

716 NE 26 ST SAME
 WILTON MANORS FL 33305

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/02/90	
City & State		City & State		5. FEI Number	
Zip		Country		65.0226761	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	ROLAND THOMAS	11877 SAND LAKE DRIVE BOCA RATON FL 33428	BOCA RATON FL 33428
V.	NORA THOMAS	" "	" "

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REINSTATEMENT

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NORA THOMAS 11877 SAND LAKE DRIVE BOCA RATON FL 33428		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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.

Signature of Registered Agent NORA R THOMAS REGISTERED AGENT MUST SIGN Date 12 29 97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: NORA R THOMAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 29 97 (954) 794-4111 Date Daytime Phone #

CR02040 (12/95)