

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 NOV -1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S16867

1. Corporation Name

RTL REALTY, INC.

Principal Place of Business

1541 SUNSET DRIVE
SUITE 301
CORAL GABLES FL 33143

Mailing Address

1541 SUNSET DRIVE
SUITE 301
CORAL GABLES FL 33143

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

12/03/1990

5. FEI Number

65-0267075

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RIEGER, RANDY E	3225 AVIATION AVE, STE 700	COCONUT GROVE FL 33133
D	MICHAELS, LAWRENCE R.	1541 SUNSET DRIVE	CORAL GABLES FL

000008759220
11/01/02--01058--026 **150.00

Handwritten signature

8. Name and Address of Current Registered Agent

FREEMAN, ROBERT ESC
STE 1425
2601 S BISCAYNE DR
MIAMI FL 33133

Lawrence R. Michaels
1541 Sunset Dr.

9. Name and Address of New Registered Agent

Name *Lawrence R. Michaels*
Street Address (P.O. Box Number is Not Acceptable)
1541 Sunset Drive
Suite, Apt. #, Etc. *Suite 301*
City *Coral Gables* State *FL* Zip Code *33143*

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

Handwritten signature SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

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

Handwritten signature SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

Daytime Phone #

305-665-5026

CR2E040 (8/02)

RTL REALTY, INC.

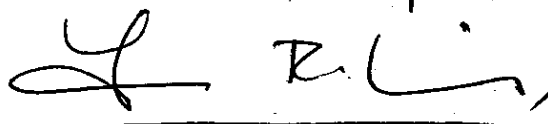
Licensed Real Estate Broker

10/31/02

To Whom it May Concern,

Per my phone conversation with
your office today, enclosed is the
application for reinstatement, the \$150.⁰⁰
fee and this letter. To my
knowledge this is the only notice
we received. Thank you for your
help.

Sincerely,

 Pres.
Lawrence R. Michaels