

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S39175**

1. Corporation Name

**ADVANCED REAL ESTATE, INC.**

99 APR 26 PM 2: 50

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

13832 SW 56TH ST.  
MIAMI FL 33175

Mailing Address

13832 SW 56TH ST.  
MIAMI FL 33175

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

03/14/1991

5. FEI Number

65-0247219

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	CHOHONIS, RACHAL	13832 SW 56 ST	MIAMI FL
VD	ESPINOSA, DENIS	13832 SW 56 ST	MIAMI FL

600002859256--0  
-04/30/99--01126--025  
\*\*\*\*150.00 \*\*\*\*150.00  
600002859256--0  
-04/30/99--01126--026  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

CHOHONIS, RACHAL  
13832 SW 56 ST  
MIAMI FL 33175

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

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

*Rachal O. Chohonis*  
REGISTERED AGENT MUST SIGN

Date: 3/30/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

*Rachal O. Chohonis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99

305 382 5455

CR2E040 (9/98)