

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # S50318

1. Corporation Name

SONNENBLICK REALTY GROUP, INC.

Principal Place of Business

456 NE 102ND ST.  
MIAMI SHORES FL 33138  
US

Mailing Address

456 NE 102ND ST  
MIAMI SHORES FL 33138  
US

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

2. New Principal Office Address, If Applicable

2500 NE 135th St

3. New Mailing Office Address, If Applicable

2500 NE 135th St

Suite, Apt. #, etc.

Suite 1101

Suite, Apt. #, etc.

Suite 1101

City & State

N. MIAMI, FLA

City & State

N. MIAMI, FLA

Zip

33181

Country

USA

Zip

33181

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/1991

5. FEI Number

65-0260062

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<br>and/or Directors | Street Address of Each<br>Officer and/or Director                  | City / State / Zip                    |
|----------|--------------------------------------|--|---------------------------------------|
| P        | SONNENBLICK, JON                     | 456 NE 102ND ST<br>2500 NE 135th St<br>Suite 1101<br>N. MIAMI, FLA | MIAMI FL 33138<br>N. MIAMI, FLA 33181 |
|          |                                      |  |                                       |
|          |                                      |  |                                       |
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100004717501--2  
-12/10/01--01114--021  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SONNENBLICK, JON  
456 NE 102ND ST.  
MIAMI SHORES FL 33136

9. Name and Address of New Registered Agent

Name

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

2500 NE 135th St

Suite, Apt. #, Etc.

Suite 1101

City

N. MIAMI, FLA

State

FL

Zip Code

33181

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-15-01

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-01 (305) 7939377

Daytime Phone #

CRE040 (8/01)