


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V17540

1. Corporation Name

North Lake Realty of Tampa Inc.

2. Principal Office Address

3303 N. Lakeview Drive

Suite, Apt. #, etc.

3. Mailing Office Address

40 Kenilworth Squ. 1st Fl  
825 Third Avenue

Suite, Apt. #, etc.

3315

City & State

Tampa Florida

City & State

New York New York

Zip

33618

Country

US

Zip

10022

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

2/28/92

5. FEI Number

65-0315913

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

Corporation Service Company

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

1201 Hays Street

-11/16/00--01051--015

\*\*\*\*\*300.00 \*\*\*\*\*00.00

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301

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

BRIAN COURTNEY, ASST. V.P.  
REGISTERED AGENT MUST SIGN

Date 11/19/2000

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	Morrew, Robert B.	825 Third Avenue #3315	New York NY 10022
S	Herman Bruce	825 Third Avenue #3315	New York NY 10022

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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:

Bruce Herman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/18/00

Date

Daytime Phone #