

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 # V20038

1. Corporation Name

POLITIS AND PERLMAN INTERNATIONAL REALTY INC.

Principal Place of Business

Mailing Address

3969 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33160

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

2. New Principal Office Address, If Applicable

3969 NE 163RD STREET

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

3969 NE 163RD STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

City & State

NORTH MIAMI BEACH FL

Zip

33160

Country

USA

Zip

33160

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/11/92

5. FEI Number

650325422

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President Treasurer Secretary	GEORGE POLITIS	3969 NE 163RD STREET	NORTH MIAMI BEACH, FL 33160

400002183854--1  
-05/19/97--01173--004  
\*\*\*1088.75 \*\*\*1088.75

95-15-47

8. Name and Address of Current Registered Agent

GEORGE POLITIS  
3969 NE 163RD STREET  
NORTH MIAMI BEACH, FL 33160

9. Name and Address of New Registered Agent

Name

GEORGE POLITIS

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

3969 NE 163RD STREET

Suite, Apt. #, Etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33160

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]

REGISTERED AGENT MUST SIGN

Date

May 5/97

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 5/97  
Date

(305) 937-7653  
Daytime Phone #

CR2E040 (12/96)