

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

V37559

V37559

FILED

97 DEC 17 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOVER REALTY CORP.

6/25/95

Principal Place of Business

Mailing Address

c/o United Corporate Services, Inc.

801 Northeast 167th Street  
North Miami Beach, Fl. 33162

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

5/20/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

13-3673558

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
	Harry Levinson	1450 Broadway,	New York, NY 10019

6800002381556-0  
-12/23/97-01123-002  
\*\*\*1995.00 \*\*\*1090.00

REINSTATEMENT

1995-1997  
OK

CERT COPY

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

United Corporate Services, Inc.  
801 Northeast 167th Street  
North Miami Beach, Fl. 33162

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

6800002381556-0  
-12/23/97-01123-003  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

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

Michael A. Barr, President

REGISTERED AGENT MUST SIGN

Date 12/16/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harry Levinson, President

Date

12/12/97 (612) 575-7400

Daytime Phone #