

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
00 JAN 20 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V38905

1. Corporation Name
BROOKLAW REALTY CORP.

Principal Place of Business
2004 Ralph Avenue
Brooklyn, NY 11234
Mailing Address

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 05/27/92
5. FEI Number 11-247-8056
6. CERTIFICATE OF STATUS DESIRED
Applied For Not Applicable

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Lazarowitz, Harvey and Manganillo, Carlo.

500003111795--0
-01/26/00--01108--017
\*\*\*1650.00 \*\*\*1650.00

8. Name and Address of Current Registered Agent

TERREMARK CORPORATE AGENTS, INC.
2601 So. Bayshore Drive, 19th Fl.
Miami, FL 33133

9. Name and Address of New Registered Agent

Name: Cober Corporate Agents, Inc.
Street Address: 2601 So. Bayshore Drive, 19th FL
City: Miami, State: FL, Zip Code: 33133

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

Handwritten signature of Jeffrey Michael Cohen

JEFFREY MICHAEL COHEN, PRESIDENT

Date 1/12/2000

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [checked] 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:

Handwritten signature of Harvey Lazarowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HARVEY LAZAROWITZ, PRESIDENT

1/13/2000

Date

(718) 531-9700

Daytime Phone #