····	PLEASE REA	D ALL INST	RUCTIONS	BEFORE (	COMPLET	NG THIS FORM.		
FOR			FLORIDA DEPARTMENT OF STAT  Sandra B. Mortham  Secretary of State		E CONTRACTOR OF THE CONTRACTOR			
<del>)</del>	STATEMENT DOTO		VISION OF CORPOR	RATIONS	1	guppe.o.	7. 6:4:5	
DOCUMENT # <b>P97000107585</b> 1. Corporation Name								
722 RE	ALTY, INC.					7) (1) .	ी वंशी हैंगे	
			illing Address 335 PALM ISLAND DRIVE			O (OM) LODEL GREIS BRISL SEIZL EIRES GREI	EIL EGABO BOLDE EBIGE BUIL EGAD	
			FL-33498					
if above a	ddresses are incorrect in any way, lin	e fbrough incorrect in	formation and enter (	correction below	REINS	TATEMEN	1998-1999	
2. New Prin	cipal Office Address, If Applicable	3. New Mailir	New Mailing Office Address, If Applicable OI N. Occor Drive			4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. # 213	₹, etc. }	Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
Hollywood Florida Holly			od, Florida		6. Not Applicable			
33019 Browserd USA 33019 USA						CERTIFICATE OF STATUS DESIRED   58.75 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)  Name of Officers Street Address of Each								
Title(s)	and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Nu		r lumbers)	City / Sta			
PO GREENBERG, CERALD			20036 PALM ISLAND DRIVE			BOCA RATON FL 33498		
PD Ed Fallo			101 N.OU	whend \$2	13 Hallywrad X 33019			
,					—— Ęu	7 <b>10007775</b> -02/16/991 ****900,00	\$9992 01051018 *****00.00	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address (P. Dox Number is Not Acceptable)  Suite, Apt. #, Etc.				
	<u>;</u>			City Le LO	rede do o	State	Zip Code	
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  Registered Agent  Registered Agent  Resistered Agent								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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 cwed 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: 18 10 98 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #								