

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 APR 27 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** K48048

1. Corporation Name

FLORIDA REALTY OF OKALOOSA COUNTY, INC.

2. Principal Office Address - No P.O. Box #  
26 HILLCREST DRIVE

3. Mailing Office Address  
P.O. BOX 698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SHALIMAR, FL

City & State  
SHALIMAR, FL

Zip Country  
32579 UNITED STATES

Zip Country  
32579 UNITED STATES

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida Nov. 29, 1988

5. FEI Number  Applied For  
59-2920003  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  
KENNETH WARREN PHILLIPS

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

Suite, Apt. #, Etc.

City  
SHALIMAR

State Zip Code  
FL 32579

600232436986  
04/27/12--01040--008 \*\*1050.00

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 *Kenneth W. Phillips*  
REGISTERED AGENT MUST SIGN

Date April 24, 2012

**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/V/T	KENNETH WARREN PHILLIPS	26 HILLCREST DRIVE	SHALIMAR, FL 32579

10. E-mail Address: floridarealty@fla.gccoxmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Kenneth W. Phillips*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 2012 850-551-6086  
Date Daytime Phone #