

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000046015**

1. Corporation Name

CHAIN O' LAKES REALTY, INC.

Principal Place of Business

Mailing Address

743 8TH STREET
CLERMONT FL 34711

743 8TH STREET
CLERMONT FL 34711

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/2001

5. FEI Number

59-3716702

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 3	City / State / Zip 4
D	SARRA, JOHN D	743 8TH STREET	CLERMONT FL 34711
D	ANGLES, ANTIONETTE	743 8TH STREET	CLERMONT FL 34711

500023712225
10/10/03--01072--001 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SARRA, JOHN D
743 8TH STREET
CLERMONT FL 34711

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

08-oct-03

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., 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

Date

08-oct-03

Daytime Phone #

(352)
394-3999

CR2E040 (7/03)



743 8th Street ~ Clermont, FL 34711
(352) 394-3999 ~ www.chainolakesrealty.com

Dear Sir / Maam

I am writing you regarding my Corp. annual report. Earlier this year I Called in an address change as I was still receiving mail from you at a old PO box that I discontinued, I think that the phone rep that I talked on the phone today has resolved this problem.

She suggested I write and request a waiver of re-instatement fees due to the fact that I never received my Annual report paperwork.

Please waive the reinstatement fee as I never received my annual corp. report paperwork.

Enclosed please find my App. For reinstatement and the \$150.00 fee

Thank you for your help .

Regards,
John Sarra, Broker