PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000070408

FILED
98 FEB 16 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
NEW CENTURY REAL ESTATE INC

Principal Place of Business
1200 CREEK WOODS CL
ST CLOUD FL 34772

Mailing Address

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

REINSTATEMENT 01-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	P.O.BOX 451771 Suite, Apt. #, etc.
City & State	City & State KISSIMMEE FL
Zip / Country	Zip 34743 / Country OSCEOLA

4. Date Incorporated or Qualified To Do Business in Florida 10-01-1993

5. FEI Number 59-3226362 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES;DIR	GIUSEPPE SCHIANO	1200 CREEK WOOD CL PLANT.	ST CLOUD FL 34772
SEC;DIR	STEPHANIE SCHIANO	1200 CREEK WOOD CL ST CLOUD FL 34772	SAME AS ABOVE
			400002434534--6 -02/18/98--01083--027 ****908.75 ****808.75

8. Name and Address of Current Registered Agent

N/A

9. Name and Address of New Registered Agent

Name GIUSEPPE SCHIANO
Street Address (P.O. Box Number is Not Acceptable) 1200 CREEK WOOD CL
Suite, Apt. #, Etc.
City ST CLOUD State FL Zip Code 34772

CR2E040 (1/98)

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 G. Schiano. Date 01-30-1998
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: G. Schiano 01-30-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #