

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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DOCUMENT # **P97000077147**
 1. Corporation Name **Florida Realty Analysts, Inc.**

Principal Place of Business Mailing Address
1722 Grand Oak Drive
Apopka, FL 32703

REINSTATEMENT 98-99

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

2. New Principal Office Address, if Applicable 407 Wekiva Springs Road	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida 9/5/97
Suite, Apt. #, etc. Suite 361	Suite, Apt. #, etc.	5. FEI Number 59-3467233
City & State Longwood, FL	City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip 32779	Country Seminole	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> SR 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
P, T	Donald P. Oehlrich	407 Wekiva Springs Road Suite 361	Longwood, FL 32779
S	Rhonda R. Burns-Oehlrich	407 Wekiva Springs Road Suite 361	Longwood, FL 32779

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 ***908.75 ***908.75
 8/18/99

8. Name and Address of Current Registered Agent Donald P. Oehlrich 1722 Grand Oak Drive Apopka, FL 32703	9. Name and Address of New Registered Agent Name Donald P. Oehlrich Street Address (P.O. Box Number is Not Acceptable) 407 Wekiva Springs Road Suite, Apt. #, Etc. Suite 361 City Longwood State FL Zip Code 32779
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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 **Donald P. Oehlrich** Date **8/16/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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: **Donald P. Oehlrich** Date **8/16/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **(407) 862-7070**

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