

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000032084

1. Entity Name  
**OUR REALTY COMPANY**



FILED

04 NOV -9 PM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**8 N BLVD OF THE PRESIDENTS  
SARASOTA, FL 34236**

Mailing Address  
**8 N BLVD OF THE PRESIDENTS  
SARASOTA, FL 34236**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302004

REIN-P

CR2E098 (6/04)

4. FEI Number  
**65-0924930**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**BABINEAU, SYLVIA  
380 GULF OF MEXICO DRIVE  
#515 TANGERINE BAY  
LONGBOAT KEY, FL 34228**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **BABINEAU, SYLVIA**  
STREET ADDRESS **380 GULF OF MEXICO DRIVE #515**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE ☐ Change ☐ Addition  
NAME **300042605083**  
STREET ADDRESS **11/09/04--01065--001**  
CITY-ST-ZIP **\*\*150.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

*Sylvia Babineau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/04  
Date

944-388-2345  
Daytime Phone #