

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 25 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032084

1. Corporation Name

Our Realty Company

2. Principal Office Address

8 N. Blvd. of the Presidents

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

USA

3. Mailing Office Address

8 N. Blvd. of the Presidents

Suite, Apt. #, etc.

City & State

Sarasota, Florida

Zip

34236

Country

USA

REINSTATEMENT

400021643474

07/18/03--01043--001 **1252.50

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/08/99

5. FEI Number

65-0924930

Applied For

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

Sylvia Babineau

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

380 Gulf of Mexico Drive

Suite, Apt. #, Etc.

#515, Tangerine Bay

City

Longboat Key

State

FL

Zip Code

34228

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

Sylvia Babineau
REGISTERED AGENT MUST SIGN

Date 7/17/03

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
D	Sylvia Babineau	380 Gulf of Mexico Drive, #515	Longboat Key, Florida 34288

10. 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:

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

7/17/03

Date

(941) 388-2345

Daytime Phone #

CR2E081 (10/02)

7/21