


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 SEP 17 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100136043421
09/17/08--01031--008 **3943.75
CR2E081 (12/07)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 266309

1. Corporation Name

ST. CROIX REALTY, INC.

2. Principal Office Address - No P.O. Box #

4200 54th Avenue South

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33711

Country

USA

3. Mailing Office Address

4200 54th Avenue South

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

Zip

33711

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/18/1963

5. FEI Number

59-1096272

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

George E. Ridge

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

136 East Bay Street

Suite, Apt. #, Etc.

Suite 301

City

Jacksonville

State

FL

Zip Code

32202

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

9/15/08

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
P / D	Christopher P. Brennan	4200 54th Avenue South	St. Petersburg, Florida 33711
S	Luz Arcila	4200 54th Avenue South	St. Petersburg, Florida 33711

REINSTATEMENT 87-08

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 contained in Chapter 119, 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:

Christopher P. Brennan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-08

Date

727-864-8122

Daytime Phone #

News
9-23-08