

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 AUG 14 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Volusia Lake Realty Company, Inc.

205688

2. Principal Office Address

190 N Woodward Ave

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip
32720

Country

USA

3. Mailing Office Address

190 N. Woodward Ave

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1964

5. FEI Number

59-1090264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard R Cook

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

840 W. New York Ave

Suite, Apt. #, Etc.

Suite D

City

DeLand

State

FL

Zip Code

32720

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

Richard R Cook

Date

8/5/02

REGISTERED AGENT MUST SIGN

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
Pres. Director	<i>William L. Ryals</i>	<i>190 W. Woodward Ave</i>	<i>DeLand, FL 32720</i>
VP, Secretary Director	<i>Rita R. Cook</i>	<i>2253 River Ridge Rd.</i>	<i>DeLand, FL 32724</i>

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)(f), 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:

Rita R. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/5/02

Daytime Phone #

386
734-1116

js 8/14/02