

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 30 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 346425

1. Corporation Name

LOCKHART REALTY, INC.

Principal Place of Business

2 N SEWALLS POINT ROAD
STUART FL 34996

Mailing Address

2 N SEWALLS POINT ROAD
STUART FL 34996



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/16/1969	
City & State		City & State		5. FEI Number	
Zip		Country		59-0945077	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPT	KENNEDY, GERTRUDE E.	2 N SEWALLS PT RD	STUART, FL 00000
S	KENNEDY, GERTRUDE E.	2 N SEWALLS PT RD	STUART, FL 00000

300002338263-1
-11/04/97--01090-031
****750.00 ****750.00

REINSTATEMENT 1997
A. Alan
10/30/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KENNEDY, GERTRUDE
2 N SEWALLS POINT RD
STUART, FL
34996

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

GERTRUDE E. KENNEDY

Date Oct. 27, 1997

11. This corporation owes or has paid 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERTRUDE E. KENNEDY

Date

Daytime Phone #

Oct 27, 1997

561-287-6929