

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

**O1 OCT 22 PM 4:35**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 416939**

**1. Corporation Name**

**Real Estate of Florida, Inc.**

**2. Principal Office Address**

**509 Harrison Avenue**

**3. Mailing Office Address**

**509 Harrison Avenue**

Suite, Apt. #, etc.

**Suite 201**

Suite, Apt. #, etc.

**Suite 201**

City & State

**Panama City FL**

City & State

**Panama City FL**

Zip

**32401**

Country

**U.S.A.**

Zip

**32401**

Country

**U.S.A.**

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

**01/18/1973**

**5. FEI Number**

**59-1441382**

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

**D. E. Mulholland**

**800004669508-8**

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

**509 Harrison Avenue**

**11/06/01-01077-011**

**\*\*\*\*300.00 \*\*\*\*300.00**

Suite, Apt. #, Etc.

**Suite 201**

City

**Panama City**

State

**FL**

Zip Code

**32401**

**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. 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
V/S/D	D. E. Mulholland	509 Harrison Avenue	Panama City FL 32401
P/D	Ennis Buford	220 South Cove Lane	Panama City FL 32401
T/D	D. E. Mulholland	509 Harrison Avenue	Panama City FL 32401

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED01 (9/00)