

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 418094			
1. Corporation Name H.A. DALE REALTY, INC.			
Principal Place of Business 120 KAYWOOD DR SANFORD FL 32771		Mailing Address 12 KAYWOOD DR SANFORD FL 32771	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. 3400 Celesty Ave. City & State Sanford, FL Zip 32771 Country US		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. 3400 Celesty Ave. City & State Sanford, FL Zip 32771 Country US	
4. Date Incorporated or Qualified To Do Business in Florida 02/02/1973		5. FEI Number 59-1445355	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S8.75 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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	WEINBERG, JAMES A	508 STEPHANIE CT	LAKE MARY, FL 00000
PD	DALE, LARRY A	120 KAYWOOD DRIVE 3400 Celesty Ave.	SANFORD FL 32771
000004679220--6 -11/14/01--01083--011 ****750.00 ****750.00			
8. Name and Address of Current Registered Agent DALE, LARRY A. 120 KAYWOOD DR. SANFORD FL 32771		9. Name and Address of New Registered Agent Name LARRY A. DALE Street Address (P.O. Box Number is Not Acceptable) 3400 Celesty Ave. Suite, Apt. #, Etc. City Sanford State FL Zip Code 32771	
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 [Signature] REGISTERED AGENT MUST SIGN		Date 10/22/01	
11. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 10/22/01 Daytime Phone # 407-385-4002	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 25 PM 3:10

REINSTATEMENT 01

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