PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT (Owner)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 13 PM 6:35

DOCUMENT # 453143

1. Corporation Name

M.I.S. REALTY INC.

Principal Place of Business	Mailing Address
3220 S. MACDILL AVE. TAMPA FL 33629	3220 S. MACDILL AVE. TAMPA FL 33629

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
MIS REALTY INC	
Suite, Apt. #, etc.: 4501 SEVILLA ST	Suite, Apt. #, etc.
City & State: TAMPA FL 33629	City & State
Zip: 33629 Country: HILLSBOROUGH	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/08/1974

5. FEI Number: 59-1533723 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	MOULIN, ROBERT L	4501 SEVILLA ST	TAMPA FL
SD	REGSTER, SANDRA K	4522 VASCONIA ST.	TAMPA FL

300004700013--5
-11/30/01--01039--009
****211.00 ****210.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MOULIN, STEPHEN J., V.D. 7812 E. 114TH AVENUE TAMPA FL 33617	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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: Stephen J. Moulin — Date: Nov 5-01
REGISTERED AGENT MUST SIGN

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: Robert L. Moulin — Nov 5-01 — 813-839-1692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ROBERT L. MOULIN

NOV 5 - 01

FLA DEPT OF STATE

PLEASE HELP ME WITH THIS, PROBLEM AS I MOVED FROM 3220 SOUTH MACDILL IN THE SPRING, WE PUT IN A CHANGE OF ADRESS AND WE THOUGHT ALL OUR MAIL WAS COMMING TO OUR NEW ADRESS AT 4504 SEVILLA ST THE BUILDING WAS AND IS VACANT. I WENT OVER TO LOOK AROUND AND FOUND ALL KINDS OF MAIL THAT WAS MONTHS OLD. I CALLED THE POST OFFICE AND THEY SAID THEY HAVE HAD SEVERAL NEW MEN ON THE ROUTE, THEY WOULD TAKE CARE OF FORWARDING THE MAIL. I AM STILL HAVING PROBLEMS WITH THEM FORWARDING MY MAIL. I JUST PICKED UP THE ENVELOPE YOU SENT A FEW DAYS AGO. THE MAIL IS STILL NOT ALL COMMING TO ME

THANK YOU FOR TAKING CARE OF THIS FOR ME

Robert