

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 14 AM 8:00

DOCUMENT # 487639

1. Corporation Name Vaughn Realty Corp.

REINSTATEMENT 03
MRS

2. Principal Office Address

2750 Dora Avenue

Suite, Apt. #, etc.

City & State

Tavares, Florida

Zip

32778

Country

Lake

3. Mailing Office Address

P.O. Box 1487

Suite, Apt. #, etc.

City & State

Mount Dora, Florida

Zip

32757

Country

Lake

800026982098
01/14/04--01074--014 **758.75

4. Date Incorporated or Qualified
To Do Business in Florida Oct. 13, 1975

5. FEI Number

59-1640878

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

Stephen C. Vaughn

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

2750 Dora Avenue

Suite, Apt. #, Etc.

City

Tavares

State
FL

Zip Code
32778

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

Stephen C. Vaughn
REGISTERED AGENT MUST SIGN

Date 1-10-04

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.	Stephen C. Vaughn, Sr.	1324 Sylvan Drive	Mount Dora, Fl 32757
Dir.	Robert A. Vaughn	2312 Overlook Drive	Mount Dora, Fl 32757

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:

Stephen C. Vaughn stephen C. Vaughn

Date

1-10-04

Daytime Phone #

352-383-7187

CR2E081 (10/02)