

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 AUG -8 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 549840

1. Corporation Name

C B REALTY CORP

2. Principal Office Address

702 Garden Street

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32796

Country

USA

3. Mailing Office Address

P O Box 6021

Suite, Apt. #, etc.

City & State

Titusville, FL

Zip

32782-6021

Country

USA

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

21 Oct. 1977

5. FEI Number

59-1815352

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

Garland Sowards

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

1393 South Carpenter Road

Suite, Apt. #, Etc.

City

Titusville

State

FL

Zip Code

32796

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

Garland Sowards

REGISTERED AGENT MUST SIGN

Date August 1, 2001

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.	Garland Sowards	1393 S. Carpenter Road	Titusville, FL 32796

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:

Garland Sowards Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Garland Sowards, President

August 1, 2001

Date

(321) 269-2521

Daytime Phone #

CR2E081 (9/00)