

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katharine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:08

DOCUMENT # 567125

1. Corporation Name

K.B. CONNOR REAL ESTATE, INC.

Principal Place of Business

4389 LAFAYETTE STREET  
POST OFFICE BOX 357  
MARIANNA FL 32447

Mailing Address

4389 LAFAYETTE STREET  
POST OFFICE BOX 357  
MARIANNA FL 32447



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 01

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1972717

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	STUART, WINSTON L., JR.	2929 RUSS STREET	MARIANNA FL
PVST	STUART, VIRGINIA C.	2929 RUSS STREET	MARIANNA FL
D	STUART, VIRGINIA C	2929 RUSS ST	MARIANNA FL
			300004655223--5 -10/26/01--01055--029 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STUART, VIRGINIA C  
2929 RUSS ST.  
MARIANNA FL 32446

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Virginia C. Stuart*  
REGISTERED AGENT MUST SIGN

Date 10-12-01

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)(l), 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:

*Winston L. Stuart, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-12-01

Daytime Phone # 850-482-4494

CR2040 (8/01)