

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 622481

1. Corporation Name

IBIS REALTY, INCORPORATED

Principal Place of Business

3442 17TH STREET
SARASOTA FL 34235
US

Mailing Address

P O BOX 5515
SARASOTA FL 34277-5515
US

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1979

5. FEI Number

59-2044921

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	JONES, WANDA L	2685 MOSS OAK DR	SARASOTA FL 34231

500008569505

10/24/02--01071--012 **750.00

8. Name and Address of Current Registered Agent

JONES, WANDA L
3442 17TH STREET
SARASOTA FL 34235-8906

9. Name and Address of New Registered Agent

Name

JONES, WANDA L.

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

2685 MOSS OAK DRIVE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34231

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Wanda L. Jones

REGISTERED AGENT MUST SIGN

Date *October 22, 2002*

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:

Wanda L. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 22, 2002

Date

Daytime Phone #

(813)

366-7760