

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP -9 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 660319

1. Corporation Name

Treasure Realty, Inc.

2. Principal Office Address

8115 North Lagoon Dr.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32408

Country

USA

3. Mailing Office Address

8115 North Lagoon Dr.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

Zip

32408

Country

USA

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

03-24-80

5. FEI Number

59-2953949

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

Robert M. Gans

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

8115 N. Lagoon Dr.

Suite, Apt. #, Etc.

City

Panama City Beach

State
FL

Zip Code

32408

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

Robert M. Gans
REGISTERED AGENT MUST SIGN

Date

9-09-02

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.	Robert M. Gans	8115 N. Lagoon Dr.	Panama City Beach, FL 32408

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:

Robert Gans - ROBERT GANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-09-02

Daytime Phone #

850-866-5555

CR2E001 (9/01)

Treasure Realty
8115 North Lagoon Dr.
Panama City Beach, FL 32408

Treasure Realty, Inc

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I wish to reinstate Treasure Realty, Inc. The address that was being used as a mailing address was sold with another business that I owned, Panama Beverage Co. on Sept. 1, 1999. Apparently, the renewal forms for Treasure Realty were never delivered to me and I allowed it to be dissolved. After speaking to your office, I was advised to notify you of this problem and enclose a check for \$300.00 Dollars and request the reinstatement of Treasure Realty, Inc. Thank you for any help you can give me. I can be reached at 850-234-1169 should you need any additional information.

Sincerely,



Robert Gans
President

9-09-02