

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 679185

1. Corporation Name

BETTY M. BROTHERS REAL ESTATE, INC.

Principal Place of Business

U.S. HWY. 1, MILE MARKER 28 1/2
P.O. BOX 456
BIG PINE KEY FL 33043

Mailing Address

U.S. HWY. 1, MILE MARKER 28 1/2
P.O. BOX 456
BIG PINE KEY FL 33043

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 31 PM 12:01



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

07/21/1980

5. FEI Number

59-2017243

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPT	REIN, BETTY M	US HWY 1 MI MARKER 28	LITTLE TORCH KEY FL
D	REIN, ROBERT J DECEASED	US HWY 1 MI MARKER 28	LITTLE TORCH KEY FL
S	REIN, BETTY M	US HWY 1 MI MARKER 28	LITTLE TORCH KEY FL

900002349629--3
11/17/97-01154-016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

REIN, BETTY M
U.S. HWY. 1, MILE MARKER 28 1/2, BOX 456
BIG PINE KEY FL 33043

9. Name and Address of New Registered Agent

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

Betty M. Rein

REGISTERED AGENT MUST SIGN

Date

OCT. 28, 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Betty M. Rein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT. 28, 1997 8722261
305

Daytime Phone #