

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851702

1. Corporation Name

Engel Realty Company, Inc.

2. Principal Office Address - No P.O. Box #

951 18th Street South

Suite, Apt. #, etc.

Suite 200

City & State

Birmingham, AL

Zip

35205

Country

U.S.

3. Mailing Office Address

P.O. Box 187

Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip

35201-0187

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

October 5, 2007

5. FEI Number

63-0919857

☐ 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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Danny Verdecchia
Danny Verdecchia, Jr. Asst. Secretary

Date **2/9/11**

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
President	William E. Coleman	951 18th St. So. Ste. 200	Birmingham, AL 35205
Chairman	Hubert W. Goings, Jr.	951 18th St. So. Ste. 200	Birmingham, AL 35205
Exec. V. Pres.	William A. Butler	951 18th St. So. Ste. 200	Birmingham, AL 35205

10. E-mail Address: **bcoleman@engelrealty.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William E. Coleman
William E. Coleman, President

Date **2/8/11**

(205) 939-8234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
11 FEB 11 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-11

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