

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUL 19 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000005786

1. Corporation Name

Re/Max of Gulf Shores, Inc.

2. Principal Office Address

23525 Perdido Bch Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1227

Suite, Apt. #, etc.

City & State

Orange Beach, AL

Zip
36561

Country

USA

City & State

Gulf Shores, AL

Zip

36547-1227

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-3-2000

5. FEI Number

63-1019419

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Susan M Shallow
REGISTERED AGENT MUST SIGN

Date

3/31/2005

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
Cfo	Bosch M Shallow	23525 Perdido Bch Blvd	Orange Beach, AL
Pres	Robert W Shallow	"	"

REINSTATEMENT 02-05

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:

Susan M Shallow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/5/2005 251-948-1201

Daytime Phone #

CR2E081 (01/05)