

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

97-99 AR

DOCUMENT # F14027

1. Corporation Name

NARCOSSIE Realty INC. W99-10495

Principal Place of Business

Mailing Address

2262 E. Irlo Bronson Memorial Hwy
Kissimmee, FL 34744

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

2262 E. Irlo Bronson
Mem. Hwy

Same

City & State
Kissimmee, FL

City & State

Zip
34744

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1-1-81

5. FIC Number

59-20601165

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	CHeryl A DAVIS	6065 LAKE LIZZIE DR.	St. Cloud FL 34771

400002885694--2
-05/25/99--01050--009
****465.00 ****465.00

8. Name and Address of Current Registered Agent

Robert J. Davis

9. Name and Address of New Registered Agent

Name Robert J. DAVIS
Street Address (P.O. Box Number is Not Acceptable)
6065 LAKE LIZZIE DR
Suite, Apt. #, Etc.

City St. Cloud FL

State FL Zip Code 34771

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.05(5), F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/29/99

11. This corporation owes 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 607.04(1) or 617.04(1), 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)(b), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

891-3100

Date

Daytime Phone #

747




APR 19 1999

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THE TREASURER OF THE STATE OF FLORIDA
DEPARTMENT OF INSURANCE

BILL NELSON

TO:  :
Era Hometown Realty
2262 E Irlo Bronson Memorial Highway
Kissimmee FL 34744-4421

FROM: Bureau of Agent and Agency Services

DATE: April 14, 1999

RE: New License Numbers

The Department has completed a project to discontinue the use of Social Security numbers as license numbers, and has issued new numbers for use as license identification numbers.

Your current license number, 592-06-0165, will be replaced with a new license identification number A309232 printed on the label above and should be placed directly over the license number on your current license identification card. The license card format has varied over the years and the label may not be a perfect fit on every license card. Future issuance of identification cards will have the new license number printed on them.

If you do not currently have a license ID card or the label you received does not fit on your license card satisfactorily, you may request a replacement card by submitting a request in writing, along with \$5.00 to Bureau of Licensing, P.O. Box 6000, Tallahassee, Florida, 32314-6000. Your request must contain a statement indicating that 1) you were never issued a card, or 2) that you have lost the card issued to you, or 3) that the label you received does not fit - whichever is applicable. You will receive an authorization notice in the mail from Assessment Systems, Inc. advising you of procedures to obtain your new license identification card.

Please contact the Bureau of Licensing at (850) 922-3137 ext. 1101 if you have questions regarding your new license number.