

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1982

CORPORATION



FLORIDA DEPARTMENT OF STATE

Kathleen Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 11 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F409105

1. Corporation Name

Boles Realty, Inc.

200005190052--8

-04/03/02--01063--009

\*\*\*\*300.00 \*\*\*\*300.00

2. Principal Office Address

3. Mailing Office Address

646 8th Street

1151 Brandy Lake View Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Garden

Clermont, FL

FL FL

Zip

Country

Zip

Country

34711

34787

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug, 1981

5. FEI Number

59-2117995

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

Geraldine Boles

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

1151 Brandy Lake View Circle

Suite, Apt. #, Etc.

City

Winter Garden

State

FL

Zip Code

34787

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

Geraldine Boles

REGISTERED AGENT MUST SIGN

Date

2-16-02

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

PST-  
VPD Geraldine Boles

1151 Brandy Lake View Circle Winter Garden, FL 34787

01-02UBR

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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:

Geraldine Boles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-02

Date

407-

905-5638

Daytime Phone #

CR2E081 (9/01)