

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 MAR 22 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

F56568

1. Corporation Name

Investors Realty of Sarasota, Inc.
677 N. Washington Blvd.
Sarasota, FL 34236

Principal Place of Business

Mailing Address

Investors Realty of Sarasota, Inc.
677 N. Washington Blvd.
Sarasota, FL 34236

Investors Realty of Sarasota, Inc.
677 N. Washington Blvd.
Sarasota, FL 34236

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12-01-81

5. FEI Number

59-2146775

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 PD	2 ENGLE, HOWARD H.	3 444 N. LAKE SHORE DR	4 CHICAGO, IL 60611
VSD	ENGLE, CHARLOTTE S.	" 2311	"

800002824618-1
-03/31/99-01005-020
***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

LEWIS, MARY WOODS
677 N. WASHINGTON BLVD.
SARASOTA, FL 34236

9. Name and Address of New Registered Agent

Name: SAME
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

Mary Woods Lewis

REGISTERED AGENT MUST SIGN

Date

3-9-99

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 607.0401 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:

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99

944-356-3580

CR2E081/12/98