

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 28 AM 8:01

DOCUMENT # F73854

1. Corporation Name

THE REAL ESTATE CORNER, INC.

Principal Place of Business

122 EAST PARK AVENUE
LAKE WALES FL 33853

Mailing Address

122 EAST PARK AVENUE
LAKE WALES FL 33853



400008618454
10/28/02--01064--004 **150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/26/1982

5. FEI Number

59-2195104

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	4 City / State / Zip
D	MENET, EUGENE R	344 E. PARK AVE.	LAKE WALES, FL 00000
P	MENET, SUSAN L	344 EAST PARK AVE	LAKE WALES, FL 00000

TO OLUBU

8. Name and Address of Current Registered Agent

MENET, EUGENE R.
122 E. PARK AVENUE
LAKE WALES FL 33853

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

[Signature]

SIGNATURE REQUIRED

Date 10/24/02

REGISTERED AGENT MUST SIGN

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., 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN L. MENET

10/24/02 863
6765494
Date Daytime Phone #

*CENTURY 21 THE REAL
ESTATE CORNER INC*

122 E PARK AVENUE
LAKE WALES, FL 33853

863 676 9494

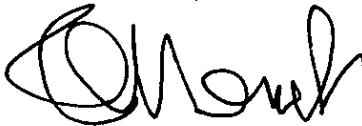
October 24, 2002

FLORIDA DEPT OF STATE
DIV OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

We have never received the UBR notices.

*We respectfully request waiver of the reinstatement fee.
Enclosed please find completed UBR and required annual fee of \$150.00.*

Thank you.



Eugene R. Menet