

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 FEB -7 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF REVENUE  
John H. Harris  
Secretary  
DIVISION OF CORPORATIONS

DOCUMENT # F 78914

1. Corporation Name

LONGHURST REALTY & INVESTMENTS, INC.

2. Principal Office Address

600 SANDTREE DRIVE

Suite, Apt. #, etc.

SUITE 203-A

City & State

PALM BEACH GARDENS

Zip

33403

Country

U.S.A.

3. Mailing Office Address

600 SANDTREE DRIVE

Suite, Apt. #, etc.

SUITE 203-A

City & State

PALM BEACH GARDENS

Zip

33403

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5-10-82

5. FEI Number

59-2194995

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

DOUGLAS T. LONGHURST

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

600 SANDTREE DRIVE

Suite, Apt. #, Etc.

SUITE 203-A

City

PALM BEACH GARDENS

State

FL

Zip Code

33403

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 2-2-00

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
PRES.	DOUGLAS T. LONGHURST	60 IRONWOOD WAY N.	PALM BEACH GARDENS, FL 33418
			KE

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

*[Signature]* DOUGLAS T. LONGHURST

Date

2-2-00

Daytime Phone #

561-691-  
9749

CR2E081 (9/99)