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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL -1 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003392

1. Corporation Name

Real Estate OWNED MANAGEMENT, INC

2. Principal Office Address

2729 SR 580

Suite, Apt. #, etc.

3. Mailing Office Address

2729 SR 580

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33761

Country

USA

Zip

33761

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-15-1998

5. FEI Number

223185763

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

ANTHONY R. MAROTTOLI

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

2729 SR 580

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

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]

Date

6/27/2001

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
<u>PSID</u>	<u>Anthony Marottoli</u>	<u>10 Papaya Street, Clearwater, Florida</u>	<u>33762</u>

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/27/2001

Daytime Phone #

CR2E081 (01/05)



A Division of

Real Estate Owned Management, INC.

PS 202

2729 State Road 580, Suite A
Clearwater, Florida 33761

Office: 727-724-6565
Fax: 727-724-9759

June 28, 2005

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Corporation Reinstatement
Real Estate Owned Management, Inc.

Dear Sir or Madam:

Enclosed please find the corporation reinstatement form completely executed, and our check in the amount of \$1,058.75. In talking with Sean, of your department, he indicated that the reinstatement fee of \$600.00 would be waived due to failure to receive notice due to moving offices. (1999-2005)

Thank you in advance for your understanding and assistance with this request. Should you require additional information, please feel free to contact me at the number listed below.

Again, thank you.

Sincerely,

Georgia Kaplaneris for
Anthony R. Marottoli