

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F98846**

1. Corporation Name
24 KARAT PROPERTIES, INCORPORATED

Principal Place of Business
**162 FURUEU PLACE
P. O. BOX 5076
WINTER PARK FL 32792**

Mailing Address
**162 FURUEU PLACE
P. O. BOX 5076
WINTER PARK FL 32792**



REINSTATEMENT 9600

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 **09/09/1982**

5. FEI Number **59-2231031** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DST	SAUNDERS, REGINAL S.	4310 N LANDMARK DRIVE 3318 Dormer Ct	ORLANDO FL 32792 Winter Park, FL
PD	SAUNDERS, SHIRLEY D.	4310 N LANDMARK DRIVE 3318 Dormer Ct	ORLANDO FL 32792 Winter Park, FL

8. Name and Address of Current Registered Agent
**SAUNDERS, SHIRLEY
4310 N LANDMARK DR
ORLANDO FL 32817**
3318 Dormer Ct
Winter Park, FL
32792

9. Name and Address of New Registered Agent
Shirley SAUNDERS (same)
Street Address (P.O. Box Number is Not Acceptable)
3318 Dormer Court
Suite, Apt. #, Etc.
City **Winter Park** State **FL** Zip Code **32792**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.
Signature of Registered Agent **Shirley Saunders** REGISTERED AGENT MUST SIGN
Date **9/23/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 119.073(D), 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: **Shirley Saunders** SHIRLEY SAUNDERS (402)
Date **9/23/96** Daytime Phone # **(407) 8433**