

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 NOV 23 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G32691

1. Corporation Name

SOUTH CENTRAL REAL ESTATE, INC.

Principal Place of Business

Mailing Address

% GARY INCLAN
2806 TUPELO COURT
LONGWOOD FL 32779-3007

% GARY INCLAN
2806 TUPELO COURT
LONGWOOD FL 32779-3007

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



REINSTATEMENT

98

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2279390

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PVS	INCLAN, GARY	2806 TUPELO CT	LONGWOOD FL
TD	INCLAN, GARY	2806 TUPELO CT	LONGWOOD FL

100002703951--9

12/04/98 01112-009

****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INCLAN, GARY
138 BAYWOOD AVENUE
LONGWOOD FL 32750

Name

INCLAN, GARY

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

108 WYMORE ROAD

Suite, Apt. #, Etc.

City

WINTER PARK

State

FL

Zip Code

32787

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

Gary Inclan **REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11-17-98

11. This corporation owes or has paid 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)(f), 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:

Gary Inclan **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-17-98 407-333-9475

CR2E040 (9/88)