## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI		FLORIDA S DIVIS					<b>)7</b> Jui	FILEI L-6 A	M H: ;				
DOCUMENT # G89047  1. Corporation Name									SECRETARY OF STAT TALLAHASSEE, FLORI					
First Flor	rida Realty &	& Auctio	on CO, Inc w/db	oa Century 21	Jackie Ta	aylor &	Associates							
2. Principal Office Address - No P.O. Box # 3. Mailing O SAME						s		CR2E081 (1/07)						
Suite, Apt. #			Suite, Apt. #,	etc.		Date Incorporated or Qualified     To Do Business in Florida								
City & State Lake Ci		···	City & State				<b>5</b> 92	38682	25			Applied I		
Zip 32024	Country USA			Zip		Count	try	6.	6. CERTIFICATE OF STATUS DESIRED				ditional Fee r ertificate of S	equired
		7. Nar	ne and Address o	f Current Regis	tered Agen	t		1		2				
Name S. Austin Peele									The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you					
Street Address (P.O. Box Number is Not Acceptable) 285 NE Hernando Avenue								1						
Suite, Apt. #, Etc.									<ul> <li>are certifying the prior notices were not received and requesting the reinstatement fee be waived.</li> </ul>					
City Lake City State FL 32055									iee be	waived.				
8. I, being Signature of Registered	f	register	ed agent of the ald	4-1	ration, am fa		with and accept the	obligations	s of sectio	on 607.0505 or Date	,			
9. Names	and Street Ad	ldresses	of Each Officer an	d/or Director (Flo	orida nonpro	fit corpo	orations must list at I	least 3 dire	ectors)					
Titles		Name of rs and/or Directors			treet Address of Ear officer and/or Direct		<u>-</u>		City	/ State / Zi	o 			
Pres	Jackie E Taylor				246 SW Soundless Court					Lake City	/, FL.	32024		
Vice Pres	Jack Taylor				246 SW Soundless Court					Lake City	/, FL.	32024		
Secretary	Jeff T. Ta		172 SW Precision Loop					Lake City	/, FL.	32024				
	<del>cuies</del>	A +	PARKIT	3/6					1236	0105 MM	<u> </u>	270 5	3 350.00	
H	EII13	AII	IAICIA !		,							<u> </u>		
									:					
this rei	nstatement ap by the comporat	plication tion have	, the reason for disa Neen paid and the	solution has been names of individ	n eliminated. Juals listed o	, the coi on this fo	te this application as rporate name satisfic orm do not qualify to	es the requor an exem	uirements	of section 607	.0401 or 6	617. <b>040</b> 1, F	.S., that all fe	ees
SIGNA	TURE:		Jack	e f	y	La	effect as if made unc	oer oath.	7	/2/6	7	800	1644	,
	SI	GNATUR	AND TYPED OR PR	RINTED NAME OF	SIGNING OF	FICER O	RUIREOTOR		/	Date /		Daytime P	hone#	