

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**00-01 UBR**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 20 AM 9:32

DOCUMENT # **H21904**

1. Corporation Name

Foxfire Realty II Inc.

2. Principal Office Address

5251 N. Tiger Eye Dr.

Suite, Apt. #, etc.

City & State

Hernando Fla.

Zip

34442

Country

US

3. Mailing Office Address

5251 N. Tiger Eye Dr.

Suite, Apt. #, etc.

City & State

Hernando Fla

Zip

34442

Country

US

100004560391--6

-08/28/01--01082--001

\*\*\*\*300.00 \*\*\*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

9-20-84

5. FEI Number

59-2449575

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

Charles E. Berk

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

2603 SE 17 Ave

Suite, Apt. #, Etc.

City

Ocala Fla.

State

FL

Zip Code

34471

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

*Charles E. Berk*  
REGISTERED AGENT MUST SIGN

Date **8-16-01**

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	Michael B. Flynn	5251 N. Tiger Eye Dr.	Hernando Fla.
VD	ER Boone	615 E. Silver Springs Blvd	Ocala Fla. 34470
ST	ER Boone	615 E. Silver springs Blvd	Ocala Fla. 34470

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8-17-01**

Daytime Phone #

**352-732-3344**

# **Foxfire**

REALTY, INC.

8-17-01

Florida Dept. of State  
Katherine Harris  
Secretary of State  
Division of Corporations

Dear Sirs:

In june of 1999 Imoved my Corporation to the address on the Reinstatement form. In july of that year I sent in a change of Address, unfortunately something must of happened to it. I did not recieve my Corporate Notification in 2000 or 2001.

I should have called and found out what happened at that time But apparently I had A "Senior Moment" and it just Dawned on me recently that something was wrong.

If at all posibale I would like to get a waiver on the \$600.00 Reinstatement Fee. I am Enclosing a check for \$300.00.

Thank You for your consideration!

Sincerely,

Mike Flynn

Realtor