

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra M. Minnam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30950

1. Corporation Name

ALMAND REALTY SERVICES, INC.

Principal Place of Business

Mailing Address

4063 Salisbury Road, Suite 203
Jacksonville, Florida 32216

Same

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

2. New Principal Office Address, If Applicable

4237 Salisbury Road

Suite, Apt. #, etc.
Suite 308

City & State
Jacksonville, Florida

Zip
32216

Country
Duval

3. New Mailing Office Address, If Applicable

Same as 2

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/84

5. FEI Number

59-2465960

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRE.

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPPS/T	Amos F. Almand III	4237 Salisbury Road Suite 308	Jacksonville, FL 32216
AS	David H. Peek	1301 Riverplace Boulevard Suite 1609	Jacksonville, FL 32207

REINSTATEMENT 96-98

200002519922--3
-05/12/98--01028--014
***2020.00 ***1050.00

VS MAY 13 1998

8. Name and Address of Current Registered Agent

Samuel Price
4063 Salisbury Road, Suite 203
Jacksonville, Florida 32216

9. Name and Address of New Registered Agent

Name

David H. Peek

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

1301 Riverplace Boulevard

Suite, Apt. #, Etc.

Suite 1609

City

Jacksonville

State

FL

Zip Code

32207

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

David H. Peek

REGISTERED AGENT MUST SIGN

Date April 30, 1998

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)(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

David H. Peek, Assistant Secretary

April 30, 1998

Date

Daytime Phone #

(904) 399-1409

CP2E040 (1/98)

FILED

98 MAY 11 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA