

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

1072

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAY -8 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J14150

1. Corporation Name

Deep Creek Realty Group, Inc.

600075288176
05/25/06--01044--024 **1050.00

REINSTATEMENT

00-06 *[Signature]*

CR2E081 (12/05)

2. Principal Office Address

12240 SW Austin Ave.

Suite, Apt. #, etc.

City & State

Lake Suzy, FL

Zip

34269

Country

USA

3. Mailing Office Address

12240 SW Austin Ave.

Suite, Apt. #, etc.

City & State

Lake Suzy, FL

Zip

34269

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/14/1986

5. EFL Number

592733644

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paul T. Kingston

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

12240 SW Austin Ave.

Suite, Apt. #, Etc.

City

Lake Suzy

State

FL

Zip Code

34269

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/5/06

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
P/S/T	Paul T. Kingston	12240 SW Austin Ave.	Lake Suzy, FL 34269

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

5/5/06

Date

941 743-7300

Daytime Phone #

292



TOLL FREE
• U.S.A: 1-800-741-8484
Rentals: (813) 624-0500

Fax: (813) 624-2005
Evening: (813) 629-2217

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

May 5th, 2006

Dear Sir,

Enclosed is my application for reinstatement.

We did not receive our annual renewal application. The address change was picked up for the officer and registered agent, but not the corporation.

Also is enclosed is a check for \$1,050.00 for the past annual fees.

Thank you,

A handwritten signature in black ink, appearing to read "PTK", with a long, sweeping horizontal line extending to the right.

Paul T. Kingston