PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FOR Secretary of State REINSTATEMENT DIVISION OF COFFERENCE LONG DOCUMENT # **J** 73985 92,500 21 7771:65 SCOTT GORDON REALTY ASSOCIATES, INC. WILLALLY I CONIDA Principal Place of Business 255 SOUTH OCEAN BLUD 255 SOUTH OCEAN BLUD HANALAMIN, FL 334LZ MANALAPAN, FL 33462 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 5/20/87 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 59-2812432 \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip 2001 NW 19TH ROAD GORDON, SCOTT DP BOCARMON, FL 3343/ obooussi4870--7 -06/24/99--01092--015-米米米米米米钱。75、 米米米米米钱。75 REINSTATEMENT Q7~9 100002814870---06/24/99--01092--016 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent SCOTT GORDON 255 So. Ocean Blud Street Address (P.O. Box Number is Not Acceptable) Manalapan, FL 33462 Suite, Apt. #, Etc State | Zip Code 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. 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔲 No 🛣 Intangible Personal Property Tax due June 30. 12. (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 filling 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. 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: SUUTE CONC AME OF SIGNING OFFICER OR DIRECTOR