

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K00721

1. Corporation Name

APPLE REALTY OF MANASOTA, INC.

Principal Place of Business

5550 15TH STREET EAST
BRADENTON FL 34203
US

Mailing Address

5550 15TH STREET EAST
BRADENTON FL 34203
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/03/1987

5. FEI Number

65-0013303

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
D	HONAKER, MAROLYN J.	5340 SOUTHERLY WAY 7533 Preserves Court	SARASOTA FL 34270-34243 200002711742-1 -12/14/98-01098-001 ****750.00 ****750.00

REINSTATEMENT

98 TB

12/10/98

8. Name and Address of Current Registered Agent

HONAKER, MAROLYN J.
5550 15TH STE.
BRADENTON FL 34203

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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.

Signature of
Registered Agent

Marolyn J. Honaker
REGISTERED AGENT MUST SIGN

Date 12/21/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☒ Does NOT owe (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:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/21/98

Date

Daytime Phone #

941-788-

6822

FILED

98 DEC -8 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E040 (9/88)