

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 # **K78824**

1. Corporation Name
EGRAM REALTY COMPANY

Principal Place of Business

~~7575 DR. PHILLIPS BLVD #140~~
~~ORLANDO FL 32819~~
~~US~~

Mailing Address

~~7575 DR. PHILLIPS BLVD #140~~
~~P.O. BOX 000285~~
~~ORLANDO FL 32869~~

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

2. New Principal Office Address, If Applicable

7061 GRAND NATIONAL DR.
Suite, Apt. #, etc.

City & State
ORLANDO, FL

Zip **32819** Country **USA**

3. New Mailing Office Address, If Applicable

7638 CLEMENTINE WAY
Suite, Apt. #, etc.

City & State
ORLANDO FL

Zip **32819** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

04/10/1989

5. FEI Number **59-2946264**

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
1	2	3	4
PSTD	SANCHEZ, MARGE	7638 CLEMENTINE WAY	ORLANDO FL
			000002548170-6
			-06/04/98-01096-015
			***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

SANCHEZ, MARGE
7575 DR. PHILLIPS BLVD
SUITE 140
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name **MARGE SANCHEZ**
Street Address (P.O. Box Number is Not Acceptable)
7638 CLEMENTINE WAY
Suite, Apt. #, Etc.

City **ORLANDO** State **FL** Zip Code **32819**

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

REGISTERED AGENT MUST SIGN

Date **5-20-98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **MARGE SANCHEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-98
Date

407-325-0298
Daytime Phone #