

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 23 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L19046

1. Corporation Name

771 Properties, Inc.

2. Principal Office Address

8140 Manasota Key Road

3. Mailing Office Address

26200 American Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State

Englewood FL

City & State

Southfield MI

Zip

34223

Country

USA

Zip

48034

Country

USA

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

9/28/89

5. FEI Number

650157053

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Harold Samhat

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

8140 Manasota Key Road

Suite, Apt. #, Etc.

City

Englewood

State

FL

Zip Code

34223-9325

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-06/20/00--01077--002

***1050.00 ***1050.00

I, the undersigned, 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

REGISTERED AGENT MUST SIGN

Date

5/24/00

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/D	Harold Samhat	8140 Manasota Key Road	Englewood, FL 34223
VP/D	Thomas E. King	48984 Pointe Lakeview Drive	New Baltimore, MI 48047
S/D	Rodger D. Young	26200 American Drive, Ste. 305	Southfield, MI 48034
			LS

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 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

Date

5/22/00

Daytime Phone #

1-248-
3538628