

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 18 PM 1:23

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

L42909

General Real Estate Associates, Inc.

2. Principal Office Address

2315 Ohbah Nene

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301

Country

Leon

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

REINSTATEMENT

96-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0181553

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

Joseph D. Finnegan

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

2315 Ohbah Nene

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

100030801801

03/19/04 01038 001 **1415.00

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

Joseph D. Finnegan

Date

REGISTERED AGENT MUST SIGN

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
Pres	Joseph D. Finnegan	2315 Ohbah Nene	Tallahassee, FL 32301

3/18

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:

Joseph D. Finnegan

Joseph D. Finnegan

3/19/04

850-43-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

3/19/04

I have not received any notices since

1996

Joseph J. Finnegan