

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M46282**

1. Corporation Name
SALLY S. BOON REALTY, INC.

REINSTATEMENT 03

900023197559
09/19/03--01033--011 **750.00

2. Principal Office Address

421 LAKE DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

FL

Zip

34472

Country

USA

Zip

FL

Country

FL

4. Date Incorporated or Qualified
To Do Business in Florida

2/9/87

5. FEI Number

59-2787326

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

Same / Sally S. Boon No "E"

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

421 Lake Dr.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34472

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

Sally S. Boon

REGISTERED AGENT MUST SIGN

Date **8/15/03**

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	Sally S. Boon N/A	421 Lake Dr	Ocala, FL 34472
	N/A		

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

Sally S. Boon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALLY S. BOON

8/15/03 (352) 208-142

Date

Date

680-8182

21019