

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M80746

1. Corporation Name

AREA ONE REALTY SERVICES, INC.

Principal Place of Business

Mailing Address

~~3609 Wilder Ln~~
ORLANDO FL 32804
US

~~3609 Wilder Ln~~
ORLANDO FL 32804-0238
US

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

2. ~~Old Mailing Office Address, If Applicable~~ 3. ~~New Mailing Office Address, If Applicable~~

~~B Jerome Behnn~~
~~3608 Wilder Ln~~
~~Orlando, FL 32804-3534~~

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~~3608 Wilder Ln~~
~~Orlando, FL 32804-3534~~

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip 32804 Country U.S.A.

Zip 32804 Country U.S.A.

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1988

5. FEI Number

59-2889942

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	City / State / Zip
1	2	3	4
PD	BEHN, JEROME G	647 BRYN MAWR ST 3608 WILDER LANE	ORLANDO FL 32804

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEHN, JEROME G
647 BRYN MAWR ST
ORLANDO FL 32804

Name JEROME G. BEHN
Street Address (P.O. Box Number is Not Acceptable)
3608 WILDER LN
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32804

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

Jerome G. Behn
REGISTERED AGENT MUST SIGN

Date 12/15/01

11. 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:

Jerome G. Behn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407
12/15/01 649-1633
Date Daytime Phone #

CR2E040 (8/01)