

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 JUN 13 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005065 (7)

1. Corporation Name

RealSouth Associates, Inc.

Principal Place of Business

Mailing Address

151 Southhall Lane
Suite 245
Maitland, FL 32751

151 Southhall Lane
Suite 245
Maitland, FL 32751

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/94

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name 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
C, D	Frost Weaver	7400 Baymeadows Way Suite 100	Jacksonville, FL 32256
VC, D	Jim Wilder	151 Southhall Lane Suite 245	Maitland, FL 32751
S, D	Bob Burgess	580 Village Blvd. Suite 330	West Palm Bch, FL 33409
T	Dave McCain	151 Southhall Lane Suite 245	Maitland, FL 32751

REINSTATEMENT

8. Name and Address of Current Registered Agent

W. Scott Gabrielson
225 E. Robinson Street
Suite 600
Orlando, FL 32801

9. Name and Address of New Registered Agent

Name 600002215826--9
-06/18/97--01068--012
Street Address (P.O. Box Number is Not Accepted) ****297.50 ****297.50
Suite, Apt. #, Etc.
City State Zip Code
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date May 28, 1997

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 5/21/97(407) 815-1300

CR2040 (12/96)