

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # N95000004939

1. Corporation Name

REALITY CHECK, INC.

Principal Place of Business

Mailing Address

701 WEST MAIN STREET  
LEESBURG FL 34748

701 WEST MAIN STREET  
LEESBURG FL 34748

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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1995

5. FEI Number

59-3342297

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	HINEBAUGH, VANCE	3815 ODOM LANE	GROVELAND FL 34736
VPD	MALDIN, CARL	4640 S.E. 6TH WAY	BUSHNELL FL 33513
SD	MEDLEY, JAMES	209 SOUTH 7TH STREET	LEESBURG FL 34748
DT	BRITT, RONALD	2302 JOBBINS DRIVE	LEESBURG FL 34748
A	SMITH, JOSEPH R	107 NORTH 12TH STREET	LEESBURG FL 34748

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, JOSEPH R  
107B NORTH 12TH STREET  
LEESBURG FL 34748

Name

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

Suite, Apt. #, Etc.

City

000003447720-8

-11/01/00--01111--008

\*\*\*\*2365125 zip 33513

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

Joseph R. Smith

REGISTERED AGENT MUST SIGN

Date

OCT. 15, 2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/00

352-314-0370