

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 17 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO00000000640**

1. Corporation Name

Home Key Realty, Inc.

2. Principal Office Address

2926 Evans Way

Suite, Apt. #, etc.

3. Mailing Office Address

2926 Evans Way

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Kissimmee

Zip
FL

Country
34758

Zip
FL

Country
34758

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3621057

Applied For

Not Applicable

6. ☒ CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Victoria Ragsdale

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

2926 Evans Way

Suite, Apt. #, Etc.

City

Kissimmee

State
FL

Zip Code
34758

600061511996

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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

REGISTERED AGENT MUST SIGN

Date Nov. 4, 2005

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
PDST	Victoria Ragsdale	2926 Evans Way	Kissimmee, FL 34758

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:

Victoria Ragsdale VICTORIA RAGSDALE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/05

407-518-1912

Daytime Phone #