

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -9 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P00000050044

1. Corporation Name

OMNI REALTY GROUP OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

16050 S. TAMiami TRAIL STE 101  
FT. MYERS FL 33908

16050 S. TAMiami TRAIL STE 101  
FT. MYERS FL 33908

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 03

4. Date Incorporated or Qualified  
To Do Business in Florida

05/19/2000

5. FEI Number

65-1010368

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
S	NULL, JANET	3717 LIBERTY SQUARE	FT. MYERS FL 33908
V	COMPARETTO, SALVADORE	1248 MORNINGSIDE DR.	FT. MYER FL 33917

500023679725  
10/10/03--01008--010 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HULL, WILLIAM H.  
3717 LIBERTY SQUARE  
FT. MYERS FL 33908

← ERROR →

Name

Null WILLIAM

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

3717 LIBERTY SQUARE

Suite, Apt. #, Etc.

*E*

City

FT Myers

State

FL

Zip Code

33908

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*William H. Hull*  
REGISTERED AGENT MUST SIGN

Date

10 8 03

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:

*Glenda E. Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-8-03

239-415-  
6698  
Daytime Phone #

CR2EGAG (7/03)