

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

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

Principal Place of Business

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

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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

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

← ERROR →

9. Name and Address of New Registered Agent

Name Null WILLIAM
Street Address (P.O. Box Number is Not Acceptable)
3717 LIBERTY SQUARE
Suite, Apt. #, Etc.
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

Signature of 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:

Signature of Janet E. Null
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-8-03

239-415-6698
Daytime Phone #

CR2EGAG (7/03)