

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jlm Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR  
REINSTATEMENT

FILED

02 NOV -1 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000050576

1. Corporation Name

LEEWARD REALTY GROUP, INC.

Principal Place of Business

~~C/O STEPHEN NAVARETTA, ESQ.~~  
1100 S.W. ST. LUCIE WEST BLVD. ~~208~~  
PORT ST. LUCIE FL 34986

Mailing Address

~~C/O STEPHEN NAVARETTA, ESQ.~~  
1100 S.W. ST. LUCIE WEST BLVD. ~~208~~  
PORT ST. LUCIE FL 34986

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. **208**

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/2000

5. FEI Number

65-1016927

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
D	SNYDER, WARD	<del>670</del> 1100 SW ST. LUCIE WEST BLVD SUITE 208	PORT ST. LUCIE FL 34986

8. Name and Address of Current Registered Agent

NAVARETTA, STEPHEN  
1100 S.W. ST. LUCIE WEST BLVD.  
SUITE 203  
PORT ST. LUCIE FL 34986

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-25-02 770-3404094

CR2E040 (8/02)



## LEEWARD REALTY GROUP, INC.

October 28, 2002


State of Florida  
Department of State  
Division of Corporation  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Dear Sir,

Leeward Realty Group, Inc. did not receive the previous two uniform business report notices.

Enclosed you will find the fee and application.

Thank You,



Ward Snyder

P.O. Box 880683  
Port St. Lucie, FL 34988-0683

Phone: 772-340-4096  
Fax: 772-340-4099  
Email: [wsnyder@slccommercial.com](mailto:wsnyder@slccommercial.com)