

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 21 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053801

1. Corporation Name

Professional Realty Team, Inc.

200008475152--6
-10/21/02--01036--012
*****150.00 *****150.00

2. Principal Office Address

3041 Cypress Gardens Road

Suite, Apt. #, etc.

3. Mailing Office Address

3041 Cypress Gardens Road

Suite, Apt. #, etc.

City & State

Winter Haven, Florida

City & State

Winter Haven, Florida

Zip

33884

Country

POLK, USA

Zip

33884

Country

POLK, USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/02/2000

5. FEI Number
59-3705527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kevin A. Tison

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

434 Alachua Drive

Suite, Apt. #, Etc.

City

Winter Haven

State
FL

Zip Code

33884

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**

Kevin A. Tison
REGISTERED AGENT MUST SIGN

Date 10/16/2002

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
P/S/D	Kevin A. Tison	434 Alachua Drive	Winter Haven, Florida 33884
S/D	Kevin A. Tison	434 Alachua Drive	Winter Haven, Florida 33884
V/D/M	Kevin A. Tison	434 Alachua Drive	Winter Haven, Florida 33884

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:

Kevin A. Tison

Kevin A. Tison

10/16/2002 863-875-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (3/01)

To the Division of Corporations,

Somehow we have not received the notice of uniform business report, we did however move our office to: (3041 Cypress Gardens Road Winter Haven, Fl 33884) noted on the corporation reinstatement form provided. We submitted to the Post Office our forwarding address "noted above" and somehow quite a bit of mail was never recovered from our move, including your business report. We kindly ask the state to reinstate our status to active and wave any late fee's. In the future we will monitor our due dates more carefully.

Sincerely

A handwritten signature in dark ink, appearing to read "Kevin A. Tison", with a long, sweeping horizontal line extending to the right.

10/16/02

Kevin A. Tison
President / Director