

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000061674

1. Corporation Name

REAL ESTATE CORPORATION OF LAKE PLACID

Principal Place of Business

358 U.S. HIGHWAY 27TH NORTH
LAKE PLACID FL 33852

Mailing Address

358 U.S. HIGHWAY 27TH NORTH
LAKE PLACID FL 33852

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/26/2000

5. FEI Number

65-1018783

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)

Title(s)

1

Name of Officers
and/or Directors

2

Street Address of Each
Officer and/or Director

3

City / State / Zip

4

PSTD

BUTLER, JEANNE L

358 U.S. HIGHWAY 27TH NORTH

55 Lee Rd

LAKE PLACID FL 33852

Venus, FL 33960

8. Name and Address of Current Registered Agent

BUTLER, JEANNE L

358 U.S. HWY 27 NORTH
LAKE PLACID FL 33852

55 Lee Rd

Venus, FL 33960

9. Name and Address of New Registered Agent

Name

Jeanne Lee Butler

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

55 Lee Rd.

Suite, Apt. #, Etc.

City

Venus

State

FL

Zip Code

33960

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

Jeanne Lee Butler
REGISTERED AGENT MUST SIGN

Date

4/3/03

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:

Jeanne Lee Butler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/3/03

Daytime Phone #

863-
202-
4444

FILED

03 APR -9 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-03



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CR2040 (8/02)