

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000063823

1. Corporation Name

FLORIDA HOUSING AND BROKERAGE SERVICES, INC.

Principal Place of Business

Mailing Address

6310 S.E. 121ST PLACE  
BELLEVUE FL 34420

6310 S.E. 121ST PLACE  
BELLEVUE FL 34420

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5105 SE 27th St

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

5105 SE 27th St

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34471

Country

MAJIN

Zip

34471

Country

MAJIN

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/2000

5. FEI Number

59-3665054

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
GP	PURPURA, GERALD D	6310 S.E. 121ST PLACE 5105 SE 27th St	BELLEVUE FL 34420 OCALA FL 34471
SV	PURPURA, SHERYL	6310 S.E. 121ST PLACE 5105 SE 27th St	BELLEVUE FL 34420 OCALA FL 34471
DB	CORNELIUS, GERMINIA	6310 S.E. 121ST PLACE	BELLEVUE FL 34420
S	ROGER A JAYNE	5105 SE 27th St	OCALA FL 34471
			100004685511-9 -11/16/01--01060--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GUILFOIL, PAUL J  
23 S.E. 12TH TERR.  
OCALA FL 34471

9. Name and Address of New Registered Agent

Name

GERALD D. PURPURA

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

5105 SE 27th St

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/18/01

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 #

10/18/01

352  
307 3098

FILED

01 OCT -22 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001

CR2E040 (8/01)