


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR [REDACTED]		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00000084516

1. Corporation Name

FLORIDA-REAL ESTATE.COM INC.

Principal Place of Business

Mailing Address

9739 NW 160TH AVE  
MORRISTON FL 32668

9739 NW 160TH AVE  
MORRISTON FL 32668

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/2000

5. FEI Number

593670195

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
D	SHELDON, DAVID L	9739 NW 160TH AVE	MORRISTON FL 32668
D	SHELDON, WIN M	9739 NW 160TH AVE	MORRISTON FL 32668

000004653318-0

-10/25/01--01056--008

\*\*\*\*150.00 \*\*\*\*150.00

1178 01 UBR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHELDON, DAVID L  
9739 NW 160TH AVE  
MORRISTON FL 32668

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.

Signature of  
Registered Agent

David L Sheldon  
REGISTERED AGENT MUST SIGN

Date 10-12-01

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:

Win M Sheldon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

Daytime Phone #

352 528-3040

CR2E040 (8/01)

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October, 12, 2001

Dear Sir,

~~We did not receive previous notices.~~

Thank you,

*David L Sheldon*

David L Sheldon