

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV 13 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000089196

1. Corporation Name

Good Faith Realty, Inc.

NO3000031859

REINSTATEMENT 02-03

400024641504
11/13/03--01054--007 **\$8.75

400024641504
11/13/03--01054--006 **\$900.00

2. Principal Office Address

3160 Country Creek Ln

Suite, Apt. #, etc.

3. Mailing Office Address

3160 Country Creek Lane

Suite, Apt. #, etc.

City & State

Saint Augustine, FL

Zip

32086

Country

USA

City & State

Saint Augustine, FL

Zip

32086

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

13 Oct 03

5. FEI Number Provisional

20-0314089

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

Luther W. Hagy

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

3160 Country Creek Lane

Suite, Apt. #, Etc.

City

Saint Augustine

State

FL

Zip Code

32086

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

Luther W. Hagy

REGISTERED AGENT MUST SIGN

Date 21 Oct 03

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	President	Ada Hagy	3160 Country Creek Ln. Saint Augustine, FL 32086
V	VP	Ada Hagy	3160 Country Creek Ln. Saint Augustine, FL 32086
S	Secretary	Ada Hagy	3160 Country Creek Ln. Saint Augustine, FL 32086
T	Treasurer	Ada Hagy	3160 Country Creek Ln. Saint Augustine, FL 32086

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:

Ada Hagy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Oct 03 (904) 794-2551

Date

Daytime Phone #

CR2E081 (10/02)