

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 20 PM 4:00

DOCUMENT # P00000113483

1. Corporation Name

FIRST REAL ESTATE SERVICES, INC.

Principal Place of Business

1209 WINDY BLUFF DR
CLERMONT FL 34711

Mailing Address

1209 WINDY BLUFF DR
CLERMONT FL 34711



REINSTATEMENT

01

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3698063

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$975 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
D	VAUGHN, WAYNE	1209 WINDY BLUFF DR	CLERMONT FL 34711
D	VAUGHN, JEANITA	1209 WINDY BLUFF DR	CLERMONT FL 34711

100005081001--8
-03/11/02--01063--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

JORDAN, EDWARD P II
13543 E HWY 50
CLERMONT FL 34711

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/19/01

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)(l), 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:

Jeanita Vaughn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/01

Daytime Phone #

352-394-7071

AD

CR2E040 (8/01)