

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # ~~P00000~~ 116459

1. Entity Name
4% REALTY, INC.



FILED

08 JAN -8 PM 12:07

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12538 SHERMAN DR
HUDSON, FL 34667

Mailing Address
12538 SHERMAN DR
HUDSON, FL 34667

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0914007

REINSTATEMENT

0098 (07-08)

4. FEI Number

59-3689939

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KHOURY, SUZANNE
12538 SHERMAN DRIVE
HUDSON, FL 34667

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

SUZANNE KHOURY President

9/16/07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY, ST, ZIP	P KHOURY, SUZANNE 12538 SHERMAN DRIVE HUDSON, FL 34667	☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<i>[Signature]</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	800114322108 01/08/08--01013--002 **308.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment and an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/07

727-819-8615

Date

Daytime Phone *