PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P01000019267 DOCUMENT

1. Corporation Name

SIGNATURE:

FLORIDA ONE REAL ESTATE, CORP.

Principal Place of Business

Mailing Address

197 SOUTH ROSCOE BLVD.

197 SOUTH ROSCOE BLVD

FILED

03 OCT 10 PM 3:50

SECRETARY OF STATE TALLAHASSEE FLORIDA

PONTE VEDRA BEACH FL 32082			PONTE VEDRA BEACH FL 32082						
If above a	addresses are	incorrect in any way, line t	hrough incorrect	information a	and enter correction below.		يا د سيما کايا ښافيا مري ره ښار ک	0)	
	·	Address, If Applicable	New Mailing Office Address, If Applicable			4. Date Incorporated or Qualified To Do Business in Florida 02/21/2001 5. FEI Number Applied For			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						
City & State			City & State				APPLIED FOR Not Applicab		
Zip		Country	Zip		Country	•	TE OF STATUS DESIRED () 58.7	5 Additional Fee required or a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Fl	orida nonprof	it corporations must list at le	east 3 directors)			
Title(s) Name of Officers and/or Directors				Street Address of Eac Officer and/or Director			City / State / Zip		
PCST	PCST SARDINAS, JORGE			230 COL	IMA CT, #918 S. 1205c0€	BIVI.	PONTE VEDRA BEACH FL 32082		
			<u></u>					_	
					·	10/10/	0002370532 03-01028-010	*150.00	
		·		<u> </u>					
Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
SARDINAS, JORGE					Name Street Address	Street Address (P.O. Box Number is Not Acceptable)			
SARDINAS, JORGE 230 COLINA CT #918 197 S. Loscoe B PONTE VEDRA BEACH FL 32082				100.	L	Suite, Apt. #, Etc.			
					City	City State Zip Code			
~10:-1; being	appointed the	e registered agent of the at	pove named corp	poration, am f	amiliar with and accept the	obligations of Sec	ation 607.0505, F.S. or 617.0505	ES.	
Signature of Registered	Agent	aime	REGISTERED A	GENT MUST	SIGN		Date	10	
									

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA ONE REAL ESTATE, CORP. 197 South Roscoe Blvd. Ponte Vedra Beach, Florida 32082

To: Florida Department of State

From: Carmen Sardinas, Registered Agent

Date: October 8, 2003

I am in receipt of the Notice of Administrative Dissolution for Florida One Real Estate, Corp. Please be advised that I never received the Annual Report Notice for 2003 at the 197 South Roscoe Blvd. address. The address of the registered agent recently changed but the mail was supposed to be forwarded to the Roscoe address.

I am enclosing the profit annual report fee and the supplemental fee of \$150.00. Please waive the reinstatement fee and reinstate the corporation to active status.

Carmen Sardinas

Registered Agent