

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -6 PM 3:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000029022

1. Corporation Name

Real Estate Pro Max, Inc

REINSTATEMENT 02-03

2. Principal Office Address

1211 N Westshore Blvd

Suite, Apt. #, etc.

Ste100

City & State

Tampa, FL

Zip

33607

Country

USA

3. Mailing Office Address

2810 Countryside Blvd

Suite, Apt. #, etc.

#1

City & State

Clearwater

Zip

FL

Country

33761

100026132051
01/06/04--01039--003 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2003

5. FEI Number

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

Deborah (Lamson) Lloyd

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

2810 Countryside Blvd

Suite, Apt. #, Etc.

#1

City

Clearwater

State

FL

Zip Code

33761

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

Deborah A. Lloyd

Date 12/30/2003

REGISTERED AGENT MUST SIGN

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
Pres	Deborah Lloyd	2810 Countryside Blvd #1	Clearwater, FL 33761

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Deborah A. Lloyd

12/30/03 727 560-4081

CR2E081 (10/02)