

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200008818602

11/06/02--01031--010 **750.00

DOCUMENT # P01000108323

1. Corporation Name

OCALA REALTY INVESTMENT CORPORATION

Principal Place of Business

PO BOX 3896
OCALA FL 34478-3896

Mailing Address

PO BOX 3896
OCALA FL 34478-3896

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2001

5. FEI Number

01-0556178

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
DPST	FRANCO, MICHAEL J	PO BOX 3896	OCALA FL 34478

8. Name and Address of Current Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LN.
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name

Michael J. Franco

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

313 S. Magnolia Avenue

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/4/02

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)(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:

Signature
SIGNATURE REQUIRED

Michael J. Franco

11/4/02

352-351-9800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E040 (8/02)