

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 10 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108833

1. Corporation Name

Deer Island Real Estate, Inc.

30085 Island Club Dr
Same

2. Principal Office Address
30085 Island Club Dr

3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tavares, Fl.

City & State

Zip
32778

Country
USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida 11/08/2001**

5. FEI Number
300132833

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
Mary J. Ford

Street Address (P.O. Box Number is Not Acceptable)
30085 Island Club Dr

Suite, Apt. #, Etc.

City
Tavares,

State
FL

Zip Code
32778

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

Mary J. Ford

REGISTERED AGENT MUST SIGN

Date 12-6-04

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	Mary J Ford	30085 Island Club Dr	Tavares, Fl 32778
VP	Bonnie Konrad	16750 BEAUCLAIRE COURT	Tavares, Fl 32778

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)(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:

Mary J. Ford

MARY J. FORD

12-6-04

322-223-2436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)