

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 2003 8:00 A.M.
Secretary of State

DOCUMENT # *P01000116396*

1. Corporation Name

REIT Partners of Florida, Inc.

2. Principal Office Address

30 Moreno Point Rd.

3. Mailing Office Address

30 Moreno Point Rd.

Suite, Apt. #, etc.

305-A

Suite, Apt. #, etc.

305-A

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

Okaloosa

Zip

32541

Country

Okaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

12/7/01

5. FEI Number

51-0434030

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

Jack H. Hogan

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

30 Moreno Point Rd.

Suite, Apt. #, Etc.

305-A

City

Destin

State
FL

Zip Code
32541

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

REGISTERED AGENT MUST SIGN

Date

4/23/03

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
<i>P/D</i>	<i>Jack H. Hogan</i>	<i>30 Moreno Point Rd, 305-A</i>	<i>Destin, FL 32541</i>

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:

Jack H. Hogan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JACK H. HOGAN

Date

4/23/03

Daytime Phone #

850-654-0891

CR2E081 (10/02)