

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA.

DOCUMENT # **P02000005953**

1. Corporation Name

**REALTYWIZE, INC.**

Principal Place of Business

Mailing Address

3224 S.R. 60 EAST  
VALRICO FL 33594

3224 S.R. 60 EAST  
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/2002

5. FEI Number

☒ 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
D	GIESE, WARREN W	3224 S.R. 60 EAST	VALRICO FL 33594

200023856052  
10/16/03--01050--024 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIESE, WARREN W  
3224 S.R. 60 EAST  
VALRICO FL 33594

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Warren W Giese*

REGISTERED AGENT MUST SIGN

Date **10-08-2003**

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:

*Warren W Giese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-8-2003 813598-2817**

Date

Daytime Phone #

CR2E040 (7/03)

**REALTYWIZE, INC.**

3224 S. R. 60 East

Valrico, FL 33594

**813-662-3082**

**Fax 813-657-0708**

October 8, 2003

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

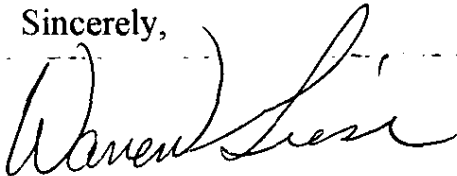
RE: Document Number P02000005953

Dear Sirs:

Please be advised that Realtywize, Inc. has not received prior UBR notices.  
Enclosed please find a check in the amount of \$150.00 along with the  
Application for Reinstatement.

If you have any questions, please feel free to call me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Warren Giese", written over a horizontal dashed line.

Warren Giese  
President