

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 902000023234

1. Corporation Name

The Real Estate Place of Orlando, Inc.

**FILED**

09 OCT 13 PM 2:18

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

800161649258  
10/13/09--01035--009 \*\*300.00

**REINSTATEMENT**

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
1726 Westover Reserve Blvd

3. Mailing Office Address  
1726 Westover Reserve Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Windermere, FL

City & State  
Windermere, FL

Zip Country  
34786 US

Zip Country  
34786 US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
320005002

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  
April Brynn Peer-Munro

Street Address (P.O. Box Number is Not Acceptable)  
1726 Westover Reserve Blvd

Suite, Apt. #, Etc.

City State Zip Code  
Windermere FL 34786

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date 10/07/09

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	April Brynn Peer-Munro	1726 Westover Reserve BLvd	Windermere, FL 34786
VP	Ruth Coleman	1104 Imperial Dr	Olney, IL 62450
Sec	James Coleman	1104 Imperial DR	Olney, IL 62450

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 contained in Chapter 119, 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

10/07/2009

Date

407-617-8963

Daytime Phone #