

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 FEB 25 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000079473

1. Corporation Name

CHANNEL REALTY CORP.

2. Principal Office Address - No P.O. Box #

10 PAPAYA STREET

Suite, Apt. #, etc.

UNIT 606

City & State

CLEARWATER, FLORIDA

Zip

33767

Country

USA

3. Mailing Office Address

90 ALTON ROAD

Suite, Apt. #, etc.

UNIT 903

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/2002

5. FEI Number

050524168

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

RICHARD N. GENDRON

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

10 PAPAYA STREET

Suite, Apt. #, Etc.

606

City

CLEARWATER

State

FL

Zip Code

33767

☐ 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

X Richard N. Gendron
REGISTERED AGENT MUST SIGN

Date

February 22, 2008

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
P/D	RICHARD N. GENDRON	10 PAPAYA STREET, SUITE 606	CLEARWATER, FLORIDA 33767
			300120013243 03/12/08--01005--020 **1050.00

REINSTATEMENT
06-08
AS

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:

X Richard N. Gendron
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD N. GENDRON (P/D) 02/24/08

207-650-0001

Date

Daytime Phone #