

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV -7 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000043401

1. Corporation Name

Elwood Realty Services Inc.

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

2727 NW 43rd St.

3. Mailing Office Address

2727 NW 43rd St.

Suite, Apt. #, etc.

Suite 2-A

Suite, Apt. #, etc.

Suite 2-A

City & State

Gainesville, Florida

City & State

Gainesville, Florida

Zip

32606-6632

Country

U.S.

Zip

32606-6632

Country

Alachua

REINSTATEMENT CR2E081 (1/07) 11/07

4. Date Incorporated or Qualified
To Do Business in Florida

March 3, 2004

5. FEI Number

510504719

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
Stephen R. Elwood

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

2727 NW 43rd St.

Suite, Apt. #, Etc.

Suite 2-A

City

Gainesville

State

FL

Zip Code

32606-6632

☐ 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

Stephen R. Elwood
REGISTERED AGENT MUST SIGN

Date

11/5/07

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
D	Stephen R. Elwood	2727 NW 43rd St. Suite 2-A	Gainesville, Florida 32606-6632

100112088561
11/07/07--01062--018 **300.00

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:

Stephen R. Elwood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/07
Date

1-352-538-3735
Daytime Phone #

B. Mitchell NOV 7 2007