

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 29 PM 1:03

DOCUMENT # P05000046568

1. Corporation Name

SUMTER REALTY, INC.

REINSTATEMENT 06

2. Principal Office Address

239 N. MAIN STREET

3. Mailing Office Address

P. O. BOX 681

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BUSHNELL, FLORIDA

City & State

BUSHNELL, FLORIDA

Zip  
33513

Country  
USA

Zip  
33513

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

MARCH 22, 2005

5. FEI Number

52-2454569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

JOEL A. MERRITT

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

2044 N C-470

Suite, Apt. #, Etc.

City

LAKE PANASOFFKEE

State

FL

Zip Code

33538

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

*Joel A. Merritt*

REGISTERED AGENT MUST SIGN

Date

Sept. 28, 2006

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	JOEL A. MERRITT	2272 CR 436E	Lake Panasoffkee, FL 33538

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:

*Joel A. Merritt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 28, 2006

Daytime Phone #

352-793-3644