

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2023 OCT -5 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FL

500416911437  
10/05/23--01025--027 \*\*300.00

CR2E081 (11/10)

DOCUMENT # AMARA YORK, PA

1. Corporation Name

PO6 0000 33339

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

2130 SE 62nd ST

Suite, Apt. #, etc.

3. Mailing Office Address

2130 SE 62nd ST

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34480

Country

USA

Zip

34480

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

3-7-06

5. FEI Number

204473650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Talmar York

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

2130 SE 62nd ST

Suite, Apt. #, Etc.

City

Ocala FL

State

FL

Zip Code

34480

REINSTATEMENT

2022-2023

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

Talmar York

REGISTERED AGENT MUST SIGN

Date

9-18-23

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	Talmar York	2130 SE 62nd ST	Ocala, FL 34480

OCT 5 2023

M. WILLIAMS

10. E-mail Address: talmar@seilocalarealestate.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Talmar York

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-28-23/35

Daytime Phone #

8041216