

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

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
Zip
34480
Country
USA

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Ocala, FL
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

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name
Tallara 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
Tallara York
Date
9-18-23
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
P	Tallara York	2130 SE 62nd ST	Ocala, FL 34480

OCT 5 2023

M. WILLIAMS

10. E-mail Address: tallara@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: Tallara York

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
9-28-23/35
Daytime Phone #
8041216