PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN 10 AM 12:26

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000009552

1. Corporation Name
Norm White Properties, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3521 Clarcona Rd		3521 Clarcona Rd.	
Suite, Apt. #, etc		Suite, Apt #, etc	
City & State		City & State	
Apopka, FL		Apopka, FL	
Zip	Country	Zip	Country
32703	USA	32703	USA

CR2E031 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 01/22/2007

5. FEI Number 20-5709106 ☐ 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
Edward J. Kelly

Street Address (P.O. Box Number is Not Acceptable)
110 Little Wekiva Ct.

Suite, Apt. #, Etc.

City	State	Zip Code
Longwood	FL	32779

500208719975
06/10/11--01033--023 **300.00

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 E. J. Kelly
REGISTERED AGENT MUST SIGN

Date 06/03/11

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
CEO	White, Norman	3521 Clarcona Rd.	Apopka, FL 32703
VP	Ricciardi, Suzanne	3521 Clarcona Rd.	Apopka, FL 32703

10. **E-mail Address:** normwhite@juno.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: X Norm White CEO X 6/06/2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/10/11