

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Sandra B. Mortham**

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT # P33014**

1. Corporation Name

**REALTY MANAGEMENT CORP. OF GEORGIA**

Principal Place of Business

Mailing Address

1050 CROWN POINTE PKY  
STE. 500  
ATLANTA GA 30338-7702  
US

1050 CROWN POINTE PKY  
STE. 500  
ATLANTA GA 30338-7702  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/1991

5. FEI Number

58-1799423

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **YES**

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	LANE, GEORGE H III	1050 CROWN POINTE PKY., STE. 500	ATLANTA GA 30338
P	ARMSTRONG, GAIL A	1050 CROWN POINTE PKY, STE. 500	ATLANTA GA 30338
VS	HARMON, JOYCE B	1050 CROWN POINTE PKY. STE. 500	ATLANTA GA 30338
AVP	POLYDOROS, GEORGE SR.	49 BTRIAR HOLLOW LANE	HOUSTON TX 77027
AVP	WEATHERS, WARREN J	3314 HENDERSON BOULEVARD, #100H	TAMPA FL 33609
D	MORRIS, JOHN G	3343 PEACHTREE ROAD N.E.	ATLANTA GA 30326

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

600002716436--1

12/18/98-01084--023

\*\*\*\*758.75 \*\*\*\*758.75

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Vicky Goldstein*  
REGISTERED AGENT MUST SIGN

**VICKY GOLDSTEIN**  
SPECIAL ASSISTANT SECRETARY

Date 11/23/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*GAIL A. ARMSTRONG*  
Date 11-18-98

Daytime Phone #

770-668-0002

CR2E040 (9/93)