

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
00 SEP 29 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000036685

1. Corporation Name

S.E.C. REALTY, INC.

000003417660--2  
-10/06/00--01127--010  
\*\*\*1208.75 \*\*\*1208.75

2. Principal Office Address

3. Mailing Office Address

1310 GULF BLVD

1310 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12A

12A

City & State

City & State

CLEARWATER, FL

CLEARWATER, FL

Zip

Country

Zip

Country

33767

PINEHILLS

33767

PINEHILLS

4. Date Incorporated or Qualified To Do Business in Florida

5/21/93

5. FEI Number

59-3210402

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

ROBERT SCHWARTZ

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

2424 W. TAMPA BAY BLVD

Suite, Apt. #, Etc.

C-201

City

TAMPA

State  
FL

Zip Code

33607

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

*[Signature]*  
ROBERT SCHWARTZ

REGISTERED AGENT MUST SIGN

Date 9-14-00

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
<u>P/T</u>	<u>ANABEL LARSON</u>	<u>1310 GULF BLVD</u>	<u>CLEARWATER, FL 33767</u>
<u>S</u>	<u>ROBERT SCHWARTZ</u>	<u>2424 W. TAMPA BAY BLVD</u>	<u>TAMPA, FL 33607</u>

**REINSTATEMENT 92-00**

**KE**

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 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]*  
ROBERT SCHWARTZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-14-00 (727) 410-9190

Date

Daytime Phone #