

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 25 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P93000062654

**1. Corporation Name**

Realty Associates of the Emerald Coast, Inc.

**2. Principal Office Address**

894 Highway 98 E.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite 107

Suite, Apt. #, etc.

City & State

Destin, FL

City & State

Zip

32541

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/8/93

**5. FEI Number**

59-3204931

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

Alan P. Thomas

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

894 Highway 98 E

Suite, Apt. #, Etc.

Suite 107

City

Destin

State

FL

Zip Code

32541

**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

REGISTERED AGENT MUST SIGN

Date

10/24/00

**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
P/VP/T/S	Alan P. Thomas	894 Highway 98 E. Suite 107	Destin, FL 32541

REINSTATEMENT

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**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/00

Daytime Phone #

850-865-2266

CR2E081 (9/99)