

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATION

04 SEP 24 PM 2:45

DOCUMENT # P3000062654

1. Corporation Name *Realty Associates of the
Emerald Coast, Inc.*

894 Highway 98 E.
166 Durango

2. Principal Office Address
894 Highway 98 E.

3. Mailing Office Address
166 Durango

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 107

City & State

Destin Florida

City & State

Destin Florida

Zip

32451

Country

USA

Zip

32541

Country

USA

REINSTATEMENT *02-04*

4. Date Incorporated or Qualified
To Do Business in Florida 9/8/93

5. FEI Number
593204931

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)

166 Durango

Suite, Apt. #, Etc.

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

Alan P. Thomas

Date 9/22/04

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
Pres	Alan P. Thomas	166 Durango	Destin/Florida/32541
		850-654-7485	
		850-240-2340	
		700041325137	
		09/24/04--01067--005 **1050.00	
		09/24/04	

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:

Alan P. Thomas

Alan P. Thomas 9/22/04

850-240-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)