

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 96
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 21 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000003833**

1. Corporation Name **LENDERS REALTY GROUP, INC.**

Principal Place of Business
**3970 TAMPA RD
SUITE D
OLDSMAR, FL 34677**

Mailing Address
**3970 TAMPA RD
SUITE D
OLDSMAR, FL 34677**

800002014518--3
-11/26/96--01107--005
****375.00 ****375.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3218865

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$6.25 Add'l Fee of 1st. Statement
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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	DOUGLAS M. PIPES	3074 HILLSIDE LN	SAFETY HARBOR, FL 34695

REINSTATEMENT / 996

A. Alan

11-21-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GASSMAN, ALAN S. ESQ.
1212 COURT ST
SUITE B
CLEARWATER, FL 34616**

Name

Gassman, Alan S., Esq.

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

1245 Court Street

Suite, Apt. #, Etc.

Suite 102

City

Clearwater

State

FL

Zip Code

34616

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

Signature of
Registered Agent

Alan

REGISTERED AGENT MUST SIGN

Date

11/18/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Douglas M. Pipes **DOUGLAS M. PIPES**

11-18-96

813-891-9515

Date

Daytime Phone

CR204011205