

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR 10 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P94000006392

1. Corporation Name

Burchers Realty, Inc.

2. Principal Office Address

314-C Tamiami Trail

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

City & State

Zip

Country

Zip

Country

33950

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

1994

5. FEI Number

☒ 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

Sam Burchers III

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

314-C Tamiami Trail

Suite, Apt. #, Etc.

City

Punta Gorda

State

FL

Zip Code

33950

800003219718-0

04/24/00-01023-008

****908.75 ****908.75

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

Sam Burchers III

Date 4-6-00

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.	Sam Burchers III	1188 Yachtsman Ln.	Punta Gorda, FL 33983
V.P.	Bryan Burchers	6788 Fairview St.	Ft. Myers, FL 33942

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:

Sam Burchers III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

941-575-0659

Daytime Phone #

CR2E081 (9/99)